

**OVERSIGHT ON PREVENTION ACTIVITIES OF THE  
NATIONAL INSTITUTE ON ALCOHOL ABUSE AND  
ALCOHOLISM AND THE NATIONAL INSTITUTE ON  
DRUG ABUSE, 1982**

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**HEARING  
BEFORE THE  
SUBCOMMITTEE ON  
ALCOHOLISM AND DRUG ABUSE  
OF THE  
COMMITTEE ON  
LABOR AND HUMAN RESOURCES  
UNITED STATES SENATE  
NINETY-SEVENTH CONGRESS**

**SECOND SESSION**

**ON**

**EXAMINATION OF THE ROLES OF THE FEDERAL, STATE AND  
LOCAL GOVERNMENTS, AS WELL AS THE VITAL ROLE OF THE  
PRIVATE SECTOR IN ADDRESSING PREVENTION OF ALCOHOL  
AND DRUG ABUSE**

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# OVERSIGHT ON PREVENTION ACTIVITIES OF THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM AND THE NATIONAL INSTITUTE ON DRUG ABUSE, 1982

WEDNESDAY, FEBRUARY 24, 1982

U.S. SENATE,  
SUBCOMMITTEE ON ALCOHOLISM AND DRUG ABUSE  
OF THE COMMITTEE ON LABOR AND HUMAN RESOURCES,  
*Washington, D.C.*

The subcommittee met, pursuant to notice, at 9:32 a.m., in room 6226, Dirksen Senate Office Building, Senator Gordon Humphrey (chairman of the subcommittee) presiding.

Present: Senator Humphrey.

## OPENING STATEMENT OF SENATOR HUMPHREY

Senator HUMPHREY. Good morning.

I would like to welcome all of you to the subcommittee's hearing this morning. We have gathered a very distinguished panel of witnesses from across the Nation to address the issue of alcohol and drug abuse prevention activities.

Certainly, the field of alcohol and drug abuse prevention has, on many occasions, with programs such as channel 1 and other programs too numerous to mention, exhibited the exciting successes which can be realized from the cooperation of Federal, State, and local governments, private industry, and individually concerned citizens and parents.

Today, in this hearing we hope to explore the roles of Federal, State, and local governments, as well as the vital role of the private sector in addressing one of the most serious problems facing this Nation—alcohol and drug abuse. Experience has shown that the cooperation and coordination of each of these components is vital to the success of prevention programs.

There is no need to spend time this morning convincing ourselves of the devastation which alcohol and drug abuse causes this Nation each year. One recent study conducted by the Alcohol, Drug Abuse and Mental Health Administration estimates that the cost to the U.S. economy of alcohol and drug abuse in 1977 was in excess of \$65 billion. Needless to say, that number does not take into account the pain, suffering, and family disruption that can never be assigned a monetary value.

Of particular concern is the growing involvement of our youngsters with drugs and alcohol. Before 1960, only 1 or 2 percent of

young people had ever experimented with an illicit drug. Recent studies show that about two-thirds of high school graduates have taken an illicit drug at some time. As Mrs. Reagan has so appropriately stated, this Nation faces the danger of losing a whole generation of its youth to drug abuse.

One encouraging sign has been the rapid growth and complete dedication of the parents movement. Parents have come together and formed thousands of groups nationally to stem the tide of drug and alcohol abuse among our youth. They have created a much-needed grassroots network to transmit and disseminate the latest information and research findings on alcohol and drug abuse. These parents groups constitute an important link in the chain of communication between teenagers, schools, and community groups, and we applaud their efforts.

The subcommittee welcomes the opportunity this morning to learn from Dr. Carlton Turner the new initiatives being instituted by the ACTION agency to work with the voluntary sector in facilitating alcohol and drug abuse prevention programming. In addition, we look forward to hearing from Dr. Mayer, who will release the most recent findings of the annual high school senior survey—important data to determine what progress has been made and what tasks lie before us.

We also hope to hear of the plans of both Institutes for media campaigns with messages on both alcohol and drug abuse. Certainly the unified effort of various agencies of the Federal Government to address this critical need is a heartening prospect.

The creation of the Federal alcohol, drug abuse, and mental health block grant assigns to the State alcohol and drug abuse authorities an ever more important role in the implementation and maintenance of alcohol and drug abuse treatment and prevention services, and we will hear today from State representatives regarding the challenges currently facing the States.

I understand that a national conference of State prevention coordinators is being held this week in Washington. I would like to welcome those attending that conference who might be in our audience today and thank you for the comments many of you sent to the subcommittee in preparation for this hearing.

The New Federalism and the changing relationship of the Federal and State Governments emphasize the importance of the involvement of the community and private groups and individuals in the national effort to curb alcohol and drug abuse. I am pleased to note the emphasis today on the private sector and the efforts of voluntary organizations. I heartily welcome the representatives of the parents groups and other voluntary organizations who are giving of their time and energy to be with us today.

A fine example of the kind of cooperation and community involvement needed to assist in the battle against alcohol and drug abuse are public information campaigns currently underway or planned for the future. Both the National Council on Alcoholism and the Beverage Alcohol Information Council have been involved in public information campaigns to alert individuals to the treatable, identifiable illness of alcoholism. Of course, to mention these is to leave out many other efforts by both public and private groups,



including the efforts of Dartmouth College's Project Cork which we will receive testimony on during this hearing.

I look forward to hearing from all of you on ways in which we can most effectively work together to meet this country's needs.

We will now receive for the records statements by Senator Hatch and Senator Denton.

[The prepared statements referred to follow:]

#### PREPARED STATEMENT OF SENATOR HATCH

Senator HATCH. Mr. Chairman I commend you for holding these hearings today, and for your interest in the area of alcohol and drug abuse prevention. Alcohol abuse is our Nation's No. 1 drug problem. Alcohol and drug abuse together are our Nations No. 1 health problem. They are our biggest problem not just because of the colossal costs they extract from our society—both in monetary and personal terms—but they are our biggest problems because as yet we have not come to grips with dealing with them. We know what causes alcoholism, we know what causes drunk driving, we know what causes drug addiction. We have developed treatment and rehabilitation programs that are proven effective in treating these addictions. Yet we continue to pay the awful price which these substances cause.

So a major part of the problem of alcohol and drug abuse as I see it is discovering effective means of implementing what we already know. Nowhere is this more true than in the area of prevention. There are a number of approaches to prevention which have been remarkably useful. I am sure there are new approaches to prevention which can yet be developed. Our great national challenge is to make our prevention programs, and our treatment programs, work. We must be sure that they are fully implemented. We must attack these problems head on, and not continue to tiptoe around the periphery. Joseph F. Smith, one of the previous presidents of the Mormon Church used to say, "Knowledge without use is like a glass eye, all for show." We must put our knowledge to work. We must develop and implement programs that will turn the tide in the area of substance abuse. Nowhere are our efforts more needed than in the area of prevention. Every success in prevention saves many dollars for treatment. In my own State we have developed approaches, the cottage program for example, that are family focused, develop coordination between public and private sectors, and are very cost effective in reaching people and changing attitudes. I know other similar prevention approaches have been developed in other areas of the country, including the new initiatives underway in the White House and at ACTION which we will hear about today. I fully support all of these approaches.

The challenge we face today is to be sure that these prevention activities are fully implemented, and to monitor them closely so we know which ones are working best with the different needs in this field. Our major problem with alcohol and drug abuse is to take the knowledge we have and put it to use, so that we turn the tide and successfully reduce the frightful toll which abusing these substances extracts from our society.

Mr. Chairman, I am pleased to be able to work with you on the vitally important issue of alcohol and drug abuse prevention. I welcome our witnesses, and look forward to learning from them.

Mr. Chairman, I am delighted that you have asked Gail Judd to testify before your subcommittee today. Gail is our State PTA president, she is active in PTA on the national level, and she has a long history of interest and active involvement in the area of alcohol abuse prevention. She has been directly involved in Utah in developing the material which accompanies her testimony, and designed to be used in a school setting. She is coauthor of the national PTA publication, "Alcohol Education—An Introduction to Community Planning."

Gail brings to our hearing today a grassroots perspective on the need for increased attention to alcohol prevention activities. I share her interest in the need for increased attention to alcohol prevention activities in the schools, and in the local communities.

Gail we welcome you, and all of these other fine witnesses to our hearing today. I pledge to you and to the chairman of this subcommittee, Senator Humphrey, my full and continuing support to increase our efforts, and to increase the effectiveness of our efforts, to work with our people, especially our young people, to prevent their involvement with alcohol, and with drug abuse. Effective prevention approaches may be our most powerful means of dealing with these serious problems that continue to rob us of our national strength.

#### PREPARED STATEMENT OF SENATOR DENTON

Senator DENTON. Mr. Chairman, I share your concerns that Federal and non-Federal initiatives must focus on health promotion. That means development of practices and habits that promote physical welfare and the full development of each person's potential. The administration has also made prevention a touchstone of its health proposal, and with good reason. Abuse of alcohol and drugs directly jeopardizes self-esteem, health, family stability, and behavior as a responsible member of society.

It is particularly tragic that alcoholism and drug abuse have been a growing problem among our Nation's young people. Use of illicit and dangerous drugs has been steadily increasing. The age when young people, indeed children, begin to use them has been steadily decreasing.

The Judiciary Committee's Subcommittee on Security and Terrorism, which I chair, will soon conduct an oversight hearing on the Drug Enforcement Administration. One issue that we plan to examine is Cuban support of and involvement in drug smuggling into this country. The drug problem is not simply an internal, domestic problem. The Congress must address it in a comprehensive fashion.

Efforts to prevent alcohol and drug abuse have relied primarily on individuals, schools, families, and other community institutions to provide information and education, alternatives, and early intervention. The voluntary efforts of concerned private citizens and groups will continue to play a key role.



The distinguished chairman of this subcommittee knows of and, indeed, shares my high regard for the American family as an institution. I am pleased to see groups representing parents included today in the list of witnesses. I believe that the remarks of my good friend, the chairman of the Committee on Labor and Human Resources, Senator Hatch, eloquently summarize the feelings of all members of the subcommittee on this subject: "Children are precious, and yet vulnerable, especially to the exploitation of the drug market. There's no stronger force in the protection of our children than parents."

I look forward to reviewing the testimony of this fine group of witnesses that we have here today. Thank you, Mr. Chairman.

Senator HUMPHREY. Let us get started. Why don't we go from right to left, and we will start with Dr. Turner's statement? Dr. Turner, will you proceed?

**STATEMENT OF CARLTON E. TURNER, SENIOR POLICY ADVISER FOR DRUG POLICY, OFFICE OF POLICY DEVELOPMENT, ACCOMPANIED BY THOMAS PAUKEN, DIRECTOR, ACTION, AND DAN LEONARD, OFFICE OF POLICY DEVELOPMENT; AND WILLIAM MAYER, ADMINISTRATOR, ALCOHOL, DRUG ABUSE AND MENTAL HEALTH ADMINISTRATION, PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES, ACCOMPANIED BY WILLIAM POLLIN, DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE, AND LORAN ARCHER, ACTING DIRECTOR, NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, A PANEL**

Dr. TURNER. Thank you, Mr. Chairman.

Drug and alcohol abuse undermines the future of America by threatening the well-being and lives of her youth. The instability of the family structure is challenging our traditional values. Drug abuse and alcohol abuse are a result of this instability and a contributing factor to its growth.

Young people are confused by conflicting signals from the adult world and we must help them by providing clear directions and positive leadership. Our artificial glamorization of mind-altering and mood-changing drugs puts us at odds with our responsibility to provide sound guidance and to serve as proper examples to our young people.

Recognizing this inconsistency, President Reagan said, "As important as intercepting the drug traffic might be, it cannot possibly equal the results in turning off the customers, the users, and making them take a different course in deciding to no longer be customers."

The First Lady has expressed her deep concern over the problems of drug and alcohol abuse among young people by encouraging families and private organizations to fight drug abuse and alcoholism in their communities.

Every major report on the Federal drug program has concluded that greater emphasis must be placed on education and prevention efforts to discourage drug and alcohol use. The field of drug and alcohol prevention during the 1970's emphasized providing information. However, the information was often misleading and pro-

duced the wrong reaction by stimulating experimentation with drugs.

More promising approaches to drug and alcohol prevention emphasize decisionmaking, peer support, confrontation, and family, school, and community involvement. Programs that seem to be the most effective draw on the resources of business and labor, the religious community and the vast array of volunteer organizations, and are designed and executed by people who are closest to the potential user.

Mr. Chairman, you are aware of the complex nature of drug abuse. If there were a quick fix or an easy solution, I would not be before you today. Therefore, the prevention plan that I and others will be discussing should be viewed as a long-term and dedicated effort. The plan is also designed to be flexible because the problems of drug abuse take many forms.

The plan is based on the following premises:

One, prevention efforts should be directed to school-aged children. This population is most vulnerable to the problems of drug and alcohol use.

Two, volunteers at the local level are the best source for prevention efforts. Parent groups are especially effective against the use of marihuana and alcohol as the most common drugs of introduction into the drug culture.

Three, drug and alcohol use must be attacked in the context of a range of ills which threaten young people—health hazards, deterioration of family structure, and alienation from community authority.

Four, accurate and credible information about the effects of drug and alcohol must be available to every citizen.

In 1973, the House Select Committee on Crime issued "Drugs in Our Schools," a report on the effect of drug use on the education of young Americans. At that time, the committee's report endorsed a massive preventive and educational effort to combat the spread of drug use in the schools.

Subsequently, the Federal Government sponsored several national prevention campaigns which were time limited and media oriented. These did not have the broad national impact that we believe is necessary.

This administration will focus on discouraging drug and alcohol use among school-aged children. It will be a broad approach without time limits and not just a media campaign. It will promote creative responses on the local level to fit each community's needs, resources, and unique composition.

Although our primary efforts toward prevention will be directed to school-aged children, we expect ancillary efforts to develop which will be aimed at preventing drug abuse among all Americans.

The campaign will rely heavily on the private sector and on the volunteer efforts of citizens and organized groups. In addition, the campaign will draw on the resources of Federal, State, and local government agencies.

A federally promoted campaign does not mean a federally run campaign. A campaign must build on and encourage individual efforts that are tailored to the needs of each community. It must pro-

mote efforts on the part of the parents, schools, private organizations, and religious and business communities.

The Federal goals for a drug abuse prevention and education campaign are simple: To discourage drug and alcohol use among school-aged children, and to support the individual efforts of the private sector to promote such a message through the dissemination of information, materials, and guidance, when appropriate.

The Federal Government will not dictate to communities what they should do to deter youngsters from using drugs. Each community is different and must design a program to fit its own needs.

Federal efforts will: One, emphasize raising the awareness of drug and alcohol problems and provide practical and credible information to those in a position to influence potential users; two, encourage the support of prevention programs by local and national business and private organizations; three, make information available about prevention efforts of many communities; and four, disseminate useful research findings on the effects of drugs and alcohol in a timely and understandable way.

In recent years, the Federal Government's thrust has been to develop a strong statewide system of drug abuse prevention services. State prevention coordinators exist in almost every State and territory. This system is in place and, with the advent of the alcohol, drug abuse, and mental health block grants, has reverted totally to the jurisdiction of the individual States. The guidelines of the block grants require that States spend at least 20 percent of their drug abuse funds on prevention activities.

In the state of the Union message, the President said,

By 1988, the States will be in complete control of over 40 Federal grant programs. In a single stroke, we will be accomplishing a realignment that will end cumbersome administration and spiraling costs at the Federal level while we insure that these programs will be more responsive to both the people they are meant to help and the people who pay for them.

Therefore, this administration's drug prevention policy today includes promoting the growing volunteer movement. This highly motivated resource has only begun to be tapped. Working both independently and in conjunction with State and local resources, volunteers can have a tremendous impact on eliminating drug use among young people.

Mr. Chairman, the agencies that will be primarily responsible for the Federal drug and alcohol abuse prevention effort are the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and ACTION. In addition to the current responsibilities of these agencies, they will work together to help coordinate the activities of other Federal agencies, such as the Department of Labor, the Department of Education, et cetera, to assist with the national prevention campaign. We are planning increased involvement with NIAAA to bring together similar efforts of the various programs.

The National Institute on Drug Abuse has been the lead Federal agency for drug abuse prevention for several years. In a few minutes, Dr. Mayer, the Administrator of ADAMHA, will describe the efforts of NIDA and NIAAA. Therefore, I will limit my comments in this area to a few key points.



The high school senior survey is one of three national data systems supported by the Federal Government that tell us about the incidence and prevalence of drug abuse. You will be pleased to hear that both cigarette smoking and daily marihuana use by high school seniors has declined by about one-third since 1977.

These data illustrate that the prevention efforts of many individuals and groups are working. We must not relax our efforts. Dr. Mayer will discuss in more detail the more recent findings from the survey of high school seniors and their drug use.

NIDA's principal mission is to sponsor and develop drug and drug abuse research. For this reason, NIDA is an important source of current information about the effects of drugs. The Institute's prevention evaluation research studies will continue to tell us more about prevention programs and approaches that are effective.

ACTION is the Federal agency for voluntarism and is the most qualified of the Federal agencies to coordinate the participation of volunteers and the private sector. The ACTION volunteer drug prevention program will: One, develop a cadre of regional and State drug abuse volunteer coordinators who will be responsible for encouraging volunteer efforts in drug and alcohol abuse prevention across the country; two, make ACTION regional office resources available to assist local citizen efforts; offer technical assistance to parent groups which are forming in large number nationwide; three, test models which train both adults and youth groups in methods of working with less-informed peers to create a drug-free environment; four, distribute selected NIDA and NIAAA publications and develop new materials for nationwide dissemination; five, and work with the White House on meetings designed to introduce the parent movement leadership to leaders in the corporate, entertainment, and voluntary association worlds who can be of assistance to parents organizing to prevent drug and alcohol abuse.

On March 22, Mr. Chairman, the ACTION volunteer drug program will sponsor a White House briefing on Drug Use and the Family. The purpose of this meeting is to involve private organizations and businesses in drug prevention activities.

NIDA and ACTION have established an ongoing system of cooperation which includes the appointment of agency liaisons, regular meetings, and the distribution of NIDA publications by ACTION.

ACTION personnel have been briefed on the State drug abuse prevention programs and have collaborated on individual requests for voluntary associations and the private sector for assistance in developing drug abuse programs.

Mr. Chairman, NIDA and ACTION have created a good working relationship and I am confident that a national prevention campaign will be strengthened by the joint efforts of these agencies.

Other agencies can and are making significant contributions to the overall prevention effort. For example, the State Department will be involved through its efforts to reduce the worldwide demand for drugs. The International Communications Agency will distribute information about drug and alcohol problems among youth to many countries and in many languages.

Since 1972, the Department of Education's school-community team training and technical assistance network has been training school officials and parents to tackle social problems in communi-



ties. The Department has developed and maintained drug abuse prevention programs in over 4,500 school communities. The Department will train parent leadership teams in participating school systems to involve other parents, schools, businesses, and industry in solving community social problems.

The Drug Enforcement Administration, U.S. Customs Service, and the U. S. Coast Guard will also seek opportunities to encourage prevention. The Department of Defense will continue its program to prevent the spread of drug abuse among military personnel.

These Federal agencies and others, on the newly established Cabinet Council Working Group on Drug Abuse Health Issues, are developing a strategy which includes stimulating the participation of all segments of our society to eliminate drug and alcohol abuse among our young people.

The prevention strategy will call upon private businesses, labor organizations and the influencers of youth—mass media, the entertainment industry, and the sports establishment—to use their unique abilities to discourage drug and alcohol use among youth.

They have demonstrated that they can do the job as well or better than government, and the effort enhances their public image. It is especially important that mass media, the entertainment industry and the sports establishment take steps to reverse the indifference about drug and alcohol abuse which they, in part, helped to create.

Widespread use of beverage alcohol and prescription drugs among adults is accepted by society almost without comment. For many parents, drug and alcohol use has become a way of life. Many young people remain unaware of the true nature of adult drug and alcohol abuse because it is often concealed or not discussed.

Misinformation, misunderstanding, and confusion have created the impression that society is indifferent to drug and alcohol abuse. Adult use, society's lack of response and mass media's often glamorized reporting of drug use by contemporary sports and entertainment figures have created an atmosphere in which young people feel comfortable and easy in experimenting with drugs and beverage alcohol.

Already, efforts have been started to encourage new productions to convey accurate information and responsible messages. For example, the Scott Newman Drug Abuse Prevention Award was established in 1980 by the National Institute on Drug Abuse and the Scott Newman Foundation to encourage and reward excellence in television programing about drug abuse. Writers, directors, producers, and networks responsible for the best primetime, daytime, documentary and children's television programing with a drug abuse theme are honored with individual awards. In addition, the writers of the winning shows receive a \$10,000 case prize from the Foundation. We applaud such efforts and encourage their growth.

Mr. Chairman, previous Federal drug strategies have separated alcohol from drug abuse. But in speaking with young people, they have often told me that alcohol was as much a problem for them as other drugs. Because alcohol is commonly associated with initial drug experiences and its purchase is illegal by young people under

the age of 18, we believe the prevention effort must include discouraging alcohol use by school-aged children.

Young people do not have to turn to the streets to obtain alcohol. Family liquor cabinets and the kitchen refrigerator provide a ready supply of beverage alcohol. If alcohol is not on hand in one home, it is in another, and often homes have working parents which minimizes the opportunity for parental supervision.

Few people think of beverage alcohol as a drug. Parents who are normally careful to keep prescription drugs inaccessible to youngsters often fail to take the same care with their alcohol supply. Ironically, parents are frequently relieved when they find that their children are intoxicated on beer instead of drugs, gin instead of heroin.

Our prevention campaign includes urging the beverage alcohol industries to police themselves in the development and marketing of their products. For example, the Beverage Alcohol Information Council has a public education program to educate Americans about the treatable disease of alcoholism and to prevent fetal alcohol effects from drinking during pregnancy.

The Adolph Coors Co. has an alcohol and drug abuse prevention program within their own company and is working with the Colorado School of Mines to develop an alcohol and drug abuse prevention program as part of that school's student development activities.

Many notable programs have been sponsored by other private businesses. Two are offered to illustrate a variety of responses open to industry: Channel 1 and the National Association of Independent Insurers.

Channel 1 represents an unusual collaboration of Federal, State, and local communities and the private sector to prevent drug abuse. The channel 1 project brings together the leaders of individual communities to assess their own problems and resources, and find solutions.

With the assistance of the Prudential Insurance Co. of America, the Federal Government, State drug abuse agencies and leaders of local communities, over 200 channel 1 programs have developed across the country. Although its goal is the prevention of drug abuse, channel 1 is a model that can be used by many organizations concerned with the well-being of young people.

The National Association of Independent Insurers has produced a film, "Danger: Marihuana on the Road," about the dangers of driving under the influence of marihuana and other drugs. This film for the young driver is an excellent example of how private business, acting in the public interest, also acts in its own interest. The association was concerned about injuries resulting from accidents by young drivers whose driving was impaired by marihuana as well as by alcohol intoxication.

The film represents the latest scientific information about the reaction time and attention span of a driver under the influence of marihuana and shows that driving while intoxicated on marihuana can be as dangerous as driving while drunk on alcohol, and the combination can be deadly.

Because programs of the type outlined above do not rely on government funding for support and direction, the prevention effort

that this administration is promoting can develop in an independent and flexible way.

In the state of the Union message, the President said, "We also believe in the integrity, decency and sound, good sense of grassroots America." He also said, "Such—grassroots—groups are almost invariably for more efficient than government in running social programs." The growth and development of the phenomenon known as the parent movement is a good example of what the President is talking about.

There are now more than 3,000 parent groups across America devoted to stopping drug abuse among their children and within their communities. The parent movement reflects the frustration of individual parents lacking useful information to counteract the youthful drug culture that has existed in American communities and schools for the past 15 years. Parents were equally frustrated by confusing and muted responses from government policymakers that left them without any assurance that their children would be protected.

The parent movement began independently in different ways and in different communities. Parent groups are commonly based on the fact that parents can influence their children's lives. One major conclusion over the past several years is that while peer pressure may be a contributing factor in drug experimentation and use, it is also extremely effective in preventing drug abuse.

Frustrated parents formed peer support groups of their own. Typically, groups begin with parents whose children socialize with each other. The first step is usually for parents to educate themselves and each other about drugs so that they can base conversations with their children on accurate information, not on misconception, myth or error.

The next step is for parents to translate their antidrug stance into action. This step is often referred to as "tough love." They unite to enforce rules about curfews and supervision of social occasions where drugs may be present. The rules are presented clearly to the children, and parents support each other in enforcing the rules.

The parent groups then often involve the larger community. They may work with schools and churches to improve and update information and education, and involve community leaders in changing conditions which encourage drug use.

For example, parents have forced the removal of drug paraphernalia from local shops, insured that libraries contain accurate information on drugs, and supervised rock concerts. Parent groups also have joined with State and local officials to seek ways of improving law enforcement efforts, thereby reducing the availability of illegal drugs in the community. Parents also have raised the general level of citizen awareness about what drug abuse can do to a community.

Parent groups are also taking responsibility for organizing alternative activities for youth. Many young people claim that they took drugs because they were bored; there was "nothing to do." Parent groups have worked to provide wholesome recreational and community service activities for youth.



The strength of the parent movement is reflected in the fact that the groups have grown independently, without Government impetus and without Government financial support. Continued growth and success of the movement is based on parents uniting with each other, knowing how their community works, and on maintaining an exclusively voluntary organization.

I have described the ways that parent groups work in order to emphasize and explain why the prevention and education efforts of this administration rely so heavily on volunteer efforts.

Mr. Chairman, alcohol and drug abuse by members of the Armed Forces is a continuing problem which increases the cost of maintaining military readiness. Addiction and severe mental disorders, although present in a small percentage of abusers, are not major aspects of the military drug problem.

Rather, the problems with drugs and alcohol in the military are similar to civilian drug and alcohol problems within the same age groups and in civilian workplaces. The majority of drug abusers are male, single, and under 25 years old. The military's problem is compounded by the fact that 63 percent of their force is in this age group.

The two drugs causing the most problems are alcohol and marijuana. Two out of three recruits have experimented with marijuana prior to joining the military. One out of three of the E1-E5 group report that they are currently using marijuana.

The Defense Department's policy clearly states that alcohol and drug abuse are incompatible with the maintenance of high performance standards, military discipline and combat readiness. The Department has established a program to reduce the effects of drug and alcohol abuse on our Armed Forces.

The Defense Department is particularly concerned with on-duty drug use and is working to improve esprit de corps. They have recently introduced urine testing for cannabis, have begun to use urinalysis results in legal proceedings, and have toughened discharge policies for drug abusers. Moreover, they are exploring ways to enhance the quality of noncommissioned officer leadership and to improve the wholesomeness of barracks living and the use of off-duty time. I expect to be working much closer with the military in the future, Mr. Chairman.

In conclusion, the inescapable fact is that unless our current drug-taking habits are reversed sharply, marijuana, alcohol, and other drugs will have drastic, long-term physical and psychological health effects on our young people, and therefore on the future of our families and our Nation.

The drug and alcohol prevention program of this administration is comprehensive, drawing on the resources of government, business, and private citizens. It is long range. We do not expect to conquer such a complex problem overnight. Further, the prevention effort is only one part of the President's overall strategy to reduce the availability and abuse of drugs.

Most important, Mr. Chairman, we believe that the national problem of drug abuse has its solution at the local level. Often, we as ordinary citizens feel that we can do little to solve complex national problems. Drug abuse prevention is different. Citizens can solve this problem, and we believe they will.



I will be happy to answer any questions you may have, Mr. Chairman.

[Written responses to questions posed by Senator Hatch to Dr. Turner follow:]

## SENATE QUESTIONS

1. How will ACTION utilize what we have learned of the importance of peer pressure in alcohol and drug abuse?

Answer: Peer pressure is one of the principal reasons that youth claim that they use drugs. According to youngsters in a drug treatment program in Florida, they said "no" to drug use from three to five times before their first drug experience.

In order to resist the powerful pressure from peers to engage in drug taking behavior, youth must be armed with specific information on the harmful effects of drug use and they must be encouraged to identify with their peers who do not use drugs. Prevention programs are aimed at these needs. One encouraging sign that "reverse" peer pressure is working is the latest information from the 1981 High School Seniors Survey, which shows a decline in the use of most drugs by youth. This decline is related to the perception, on the part of these students, that their peers will disapprove of their use of drugs and to increased knowledge of the harmful health consequences of drug use.

ACTION's drug abuse prevention project will provide information about peer pressure in materials that are aimed at the private sector.

2. What mechanism will ACTION be tapping into in the States? How will ACTION coordinate its activities with State organizations? In particular, how will ACTION tap into the Single State Agencies and State prevention coordinator system?

Answer: ACTION State offices will notify and solicit the involvement of all appropriate State organizations and agencies in drug abuse prevention. ACTION will stimulate the involvement of parent groups, Single State Agencies, private service organizations, and the business and religious communities through meetings that seek to coordinate program efforts.

The ACTION drug abuse prevention efforts are intended to stimulate and be responsive to local volunteer interest and activity. It is reasonable to expect that the relative levels of drug abuse prevention activity will vary from State to State.

3. What coordination is planned in the Federal prevention policy between ADAMHA, HHS, ACTION, the Department of Defense and other agencies with expertise in this area to most effectively utilize the information and expertise already available in this field?

Answer: The agencies that will be primarily responsible for the Federal drug and alcohol abuse prevention effort are NIDA and ACTION. These agencies will draw on the expertise of other agencies to make contributions to the Federal drug and alcohol abuse prevention effort. We will keep appropriate agencies informed about the current drug abuse prevention efforts and suggestions and recommendations will be solicited.

In turn, agencies such as NIAAA, the Education Department and the Defense Department's Drug and Alcohol Abuse Prevention Office will be encouraged to make their efforts compatible with those of ACTION and NIDA.

4. What are the current plans for the White House Briefing on Drug Use and the Family?

Answer: The White House Briefing on Drug Use and the Family, held on March 22, brought together the chief executive officers of major corporations and organizations to examine what private business and service organizations can do to combat drug abuse among the youth of this nation. As a result of this meeting, coordinated by ACTION, there is a continuing dialogue between ACTION and additional organizations and corporations to widen private sector involvement in drug abuse prevention.

5. How will ACTION involve corporate leadership in their efforts to combat alcohol and drug abuse?

Answer: Please refer to the answer to question #4.

6. What training will be available for local ACTION agencies to prepare them to provide technical assistance to the community and to volunteers?

Answer: Local ACTION agencies that focus on drug abuse will receive training. For example, in Alabama, the 25 VISTA volunteers will be trained over a 3-day period by a parent group - Parents and Youth Against Drug and Alcohol Abuse. ACTION State staff have participated in interregional conferences in which they have been briefed by the ACTION Director and Director of the ACTION Drug Prevention Program. In addition, ACTION State staff regularly receive information on drug abuse prevention from ACTION headquarters.

7. What is ACTION's plan for assisting the parents groups in their efforts?



Answer: In order to capitalize on and stimulate parent involvement in drug abuse prevention, ACTION State staff will meet with appropriate State-level personnel and parent group leaders to develop joint endeavors. For example, in the State of Alabama, the Single State Agency has recruited a parent coordinator, who is herself a parent and a member of a local parent group. The 25 VISTA volunteers, referenced in the previous question, have been placed in the State to assist in the formation of parent groups, primarily in low-income communities.

ACTION will make available materials on how to start a parent group and will share information and expertise on how parent groups can successfully fight drug abuse in their communities. Please refer to question #9 for details.

8. How will you involve the media and entertainment industry in changing their messages on alcohol and drug abuse?

Answer: Members of my staff and I meet with representatives of the media and entertainment industry from time to time to keep them abreast of major developments in the field of drug abuse. For example, my staff and I met with the directors and writers of the recent NBC White Paper, "Pleasure Drugs".

Representatives from the media and entertainment industry attended the White House Briefing on Drug Use and the Family. The Federal drug abuse education and prevention effort will also promote activities such as the Scott Newman Drug Abuse Prevention Award. ACTION has enlisted the support of teen-aged role model, Miss Melissa Gilbert, star of "Little House on the Prairie", to exert a positive influence in favor of a drug-free life.

9. Could you describe the contract which ACTION will award for technical assistance and information dissemination to support the efforts of parent groups?

Answer: The Parent Resources Institute for Drug Education (PRIDE), Inc. has been awarded \$176,035 to operate the ACTION National Family Resource Center. The Center will conduct a national conference and two regional workshops as well as provide technical information directly and through a sub-grant to the Pacific Institute for Research and Education. Sixty parents will be trained, 20 during the conference and each workshop, to provide on-site assistance to many of the newly-formed parent groups that have requested assistance. PRIDE and the Pacific Institute expect to respond to 10,000 telephone and written requests for assistance, either orally or by reproducing and mailing information to parent groups. In addition, they will conduct on-site briefings for groups of parents in order to develop 24 State-wide and city-wide networks of parent organizations. Surveys will be conducted in a number of communities in order to determine the extent of the drug problem and ways to confront it.

DEKALB FAMILIES IN ACTION, INC. (DFIA), has received \$30,000 to disseminate up-to-date information on the health consequences of drug use and DFIA's organizational manual, How to Form a Families In Action Group in Your Community. DFIA will respond to telephone requests and duplicate materials from its collection of 70,000 documents - a collection recognized by the Library of Congress as a national referral source for information about drug abuse. In addition, DFIA will publish five newsletters that will keep parent groups informed about the most recent facts about the health consequences of drug use and other important information on drug abuse prevention.

The American Council on Marijuana and Other Psychoactive Drugs, Inc. (ACM) has received a grant of \$24,553 to operate a marijuana information program. ACM has produced a number of excellent monographs on the harmful effects of marijuana and other drugs. Under the ACTION grant, they will summarize

these monographs into pamphlets in plain English for parents and other volunteers. The first pamphlet, Cocaine: Some Questions and Answers, has already been printed by the Government Printing Office. Four other pamphlets, in draft, concern marijuana. When ten brochures are complete, a copy of each will be mailed to a limited list of parent organizations with instructions on how to obtain additional copies. The grant allows for the printing of 15,000 copies of each pamphlet.

Other requests for assistance from parent groups will be referred to any of the three ACTION grantees or to other appropriate agencies or organizations.

10. Once volunteers become interested how will you train them and utilize their talents?

Answer: Please refer to questions 6 and 7.

Additional questions from Senator Hatch:

1. What specific efforts are being made to coordinate the activities of the Institutes to include alcohol prevention materials and activities with those focusing on drug prevention?

Answer: The directors of NIDA, NIMH, NIAAA, the deputy director of ADAMHA and the director of ACTION are among the members of the Cabinet Council on Human Resources' Working Group on Drug Abuse Health Issues. This group is developing the 1982 Federal Drug Abuse Prevention and Control Strategy which will incorporate cooperative approaches to drug and alcohol use by school-age children.

2. What activities are being made to coordinate new prevention activities with the alcohol and drug abuse education program in the Department of Education?

Answer: A representative of the senior staff of the Education Department also serves on the Cabinet Council on Human Resources' Working Group on Drug Abuse Health Issues. ACTION has been in contact with the Alcohol and Drug Abuse Education Program of the Education Department and will pursue a joint effort with that program, emphasizing the involvement of parents on community teams.

3. Which programs have you identified in the alcohol and/or drug prevention area that are already in existence which could be coordinated with, and complimentary to the voluntary efforts you are organizing under ACTION?

Answer: ACTION will continue to coordinate their efforts with the various prevention activities and initiatives of NIDA, NIAAA, NIMH, and the Education Department. In addition, ACTION intends to distribute materials prepared by the Drug Enforcement Administration on technical analyses of drugs, written in plain English, and copies of model paraphernalia legislation, for use by local prevention volunteers.

4. What efforts are you making to reach out to existing programs to discover potential bridges between existing programs in alcohol and drug prevention and your excellent new initiatives?

Answer: There are many public and private programs that have made significant contributions to the prevention of drug and alcohol abuse among school-age children. ACTION will attempt



to learn about as many as possible and will serve as a coordinator to share different program concepts with many local groups and organizations through the State ACTION offices.

5. What specific steps are you making to bring together the collective technical expertise of the National Institutes with the enthusiasm and determination of the parents groups and other volunteer groups who will be working with the ACTION program?

Answer: The organized efforts of parents to prevent and control the spread of drug and alcohol abuse among their children requires credible information about the health consequences of drug abuse and knowledge about how to combat drug abuse on the local level. The Federal agencies can and are providing information and guidance as appropriate. We are expanding the awareness of the availability of this information through the ACTION effort.

In addition, ACTION will be working with local service organizations like the General Federation of Women's Clubs, other voluntary organizations, and will be assisting corporate efforts to make drug abuse prevention a national effort.

Senator HUMPHREY. Thank you, Dr. Turner.

Dr. Mayer, I note that your statement is more than twice the length of Dr. Turner's. Does that mean your problem is more than twice as difficult?

We have already used half an hour, and your statement would take probably 50 minutes to read. Is it necessary? Can you summarize for us?

Dr. MAYER. With your permission, I would like simply to submit that written statement for the record, and I would like to make an oral statement, as succinctly as possible.

Senator HUMPHREY. Very well.

Dr. MAYER. Mr. Chairman, it is a privilege and really an honor to represent ADAMHA here today. ADAMHA is, as you know, a branch of the U.S. Public Health Service—that branch within the Department of Health and Human Services that is required by statute to conduct those activities that will help to prevent and to reduce the harmful health and social effects of the abuse of alcohol and other chemicals.

I am happy to be accompanied here today by the Director of the National Institute on Drug Abuse, Dr. William Pollin, and the Acting Director of the National Institute on Alcohol Abuse and Alcoholism, Mr. Loran Archer. They will be able to answer, I think, any of the questions that I may not be able to, should they arise.

Before discussing prevention activities, I would like at this time to announce, in part at least, the findings of the latest annual survey conducted under contract to NIDA by the University of Michigan on the drug-taking behavior of American high school seniors.

As has already been mentioned by Dr. Turner, there is substantial evidence that there continues for the third year to be a statistically significant decline in the daily use of marihuana by high school seniors. Three years ago, or in 1978, the level was about 11 percent of all high school seniors using marihuana every day. It is down this year to 7 percent, and that is a very hopeful sign. As Dr. Turner indicated, that may be a reflection of increasing awareness of those harmful health and social effects of the use of that drug.

I should point out, however, that that still means 1 out of every 14 high school seniors is smoking marihuana every day, so that is not all good news. It is better, but it is not where we want to be.

We see also in this survey an indication that there is a similar drop in the use by high school seniors of cigarettes, PCP, certain kinds of inhalant drugs, and tranquilizers. Again, I have to add a note of caution because the same survey reveals that there is no change, no diminution at all, in the use by high school seniors of alcohol or of cocaine or heroin or barbiturates or LSD, all of which, of course, are used at a much lower level than marihuana.

But just to put the alcohol component into perspective for a moment, one out of every six high school seniors admits using alcohol every day. That is an incredible number of people; 41 percent of our high school seniors describe binge drinking, by defining the consumption of five or more drinks sequentially at one sitting, within the last 2 weeks. That is a binge, or at least it is for most of us, and that is going on among 41 percent of all high school seniors, not just males.

There is, finally, one very disturbing note, and that is that there is a significant increase in the use of methaqualone, quaaludes, and also in the use of stimulants. Now, some of the apparent increase in the use of stimulants, like the amphetamines, may be more apparent than real because there are a number of things being marketed today that are fake amphetamines, and the students surveyed may be buying those and using them.

However, the danger of the use of amphetamines, in particular, cannot be overemphasized. They are capable of producing significant, even if transient, psychological disturbances. In large and continued doses, they are well known to produce paranoid psychotic reactions, and can result in activities and behavior leading to injury and death.

With these statistics our scientists estimate that drug use among young people in the United States of America, including alcohol, is still the highest level of any industrialized nation. In addition to what you yourself recited as to the enormous social and economic costs of alcohol and drug misuse, the facts that I have just described make it absolutely essential that we progress with what has always been the most difficult, the most desired, and the most frustrating part of health services, and that is prevention activities.

These activities are frustrating especially to governments, whether they are county government or State or Federal Government, because the kinds of prevention activities that we must necessarily engage in if we are really to hope for a long-term effect are not provably productive of effects in the immediate, proximal future.

Since governments run from one budget year to the next, it is often very hard to sell programs that might pay off 10 years down the line. But that indeed is what has happened so far to a considerable extent, partly because of the efforts of this committee and the attention drawn to these problems, the efforts of Dr. Turner and these fine institutes, and the private sector. But we have a very long way to go.

The costs, as you yourself mentioned, are huge. Even though there can be tremendous argument about the actual dollar cost of a disease like alcoholism or alcohol-related problems—and I have heard it argued in my own staff with great heat sometimes as to whether the true cost is \$47 billion or \$60 billion or \$65 billion, is enormous whether or not you include the costs of buying illicit drugs, and all the money that is actually spent on them.

I have been told, of course, that marihuana is one of the biggest cash crops in my home State—a fact that we are not proud of, but it is a fact. If you include that kind of money and the money lost to people because of crime, even though the stolen television set may be resold and thus continue some kind of economic activity, the costs are simply stupendous. They do not begin to compare with the human costs, particularly in connection with the disruption of families and neighborhoods and whole societies—businesses, the Armed Forces, all of us.

We are, as the alcoholics call their partners who are not alcoholics, coalcoholics; in a sense, we are all coalcoholics and codrug abusers. No one can escape the impact.

So, prevention is a real need, and it has been recognized since the inception of NIAAA and NIDA, and they have been engaged

increasingly in activities in the direction of trying to develop really effective prevention programs. As I say, this is very frustrating sometimes; the results are hard to see or may appear very distant down the road.

Nonetheless, we know that treatment alone is not the answer, as it is not in any disease. The goal of all medicine, in a sense, is prevention. But we are not dealing here with something that has a single kind of agent involved. There is no easy inoculation against drug and alcohol abuse. We cannot wipe it out like we have apparently wiped out smallpox. We cannot diminish it like the Salk vaccine has diminished polio.

But the fact is we can do things, and NIDA and NIAAA have both jointly and separately since their founding more than 10 years ago increasingly been involved in developing prevention programs, and I would like to mention a few of those. But I would also like to mention what we have learned from the demonstration projects that these institutes have sponsored or participated in.

We know for a fact that it is possible, through targeted educational and group methods, to significantly and measurably change the attitudes of children and their parents and their teachers with respect to the use of alcohol and drugs.

We know, for example, that we can significantly increase public knowledge as to known harmful health effects, and that, in fact, may be part of the reason why marihuana use is diminishing. Kids do not like to do things that they consider stupid. So, including knowledge that they can believe and that is demonstrable is one effective way, we believe, to foster prevention.

We know that information from our demonstration projects on these subjects can successfully be introduced into school curricula, even down as early as the first grade, and that, I agree with Carlton Turner most emphatically, is where we really have to start, if not sooner.

One of the problems about prevention is that we have some confusion between a very specific, and in my judgment, very profound and fatal disease called alcoholism, and the abusive use or misuse of alcohol. These are two different problems.

Many people who are true alcoholics have never been, in the descriptive sense of misbehavior in society, alcohol abusers. The alcohol and drug scene, however, where it involves young people who may be using substances such as these chemicals to demonstrate their maturity or their masculinity, as in the case of teen-age boys—do share a great many things in common with this other population.

The phenomenon of drug and alcohol abuse, as opposed to the disease of alcoholism, involves, far more deeply than it involves medicine or the health professions, the way we raise children—the relationships between parents and their kids, the credibility that may or may not be enjoyed by the older generation vis-a-vis the young. There has always been a credibility problem, but it has gotten worse, in my judgment, and that is part of the problem in alcohol and drug abuse.

This is why Dr. Turner and others in the field who are truly expert, in my judgment, keep emphasizing the fact that it is in the family and in the small communities and neighborhoods where the



only really effective prevention can take place. The Federal Government and the State government can sponsor that and foster it and provide information and coordinate it, but we cannot directly do it. We will never do it; there will never be enough money to do it, or enough people.

You have already talked about the channel 1 program, and so did Dr. Turner. It is a magnificent example of exactly what President Reagan is talking about—interaction that is effective, meaningful and ongoing between the health community, the government community, private industry, and just folks out there, just people, who have come to realize that there is an enormous problem here that they can have an impact on, and only they can really make it.

In addition to the channel 1 program, NIDA has some other very important things going. NIDA has worked long and hard with Drug Fair, a Washington-based drugstore company, that has made available a wide variety of drug abuse information and information about how to get help for drug problems, both for parents and for kids.

They are working currently, along with NIAAA and with Blue Shield and Blue Cross, to prepare materials which are going to be introduced throughout the country by the Blues on drug and alcohol abuse.

As you have heard, NIDA has worked with the National Federation of Parents for Drug-Free Youth, which again is a splendid, if not spectacular example of what the American people, properly alerted, can rise up and together do. But the key word is "together."

You have already heard about NIDA's relationship with ACTION. NIAAA has long worked with the National Council on Alcoholism, which is surely the most effective voluntary health organization that I know anything about, at the State and local level as well as at the national level.

NIAAA has a volunteer resources development program, a deliberate, organized effort to bring people in from the community, who can go back out and successfully engage in the kind of community organization and community awareness programs that begin to have an effect.

Our current national media campaign, some of whose materials are here and which we can show to you at your convenience—for example, the television spots that have been produced—this campaign is again an example of interaction between Government at the national level, government at the State level, private industry, and a great many voluntary groups, to call attention to the problems of alcohol among women—the problem of fetal alcohol syndrome, the problem of adolescent drinking, and particularly the problem of drinking and driving.

The variety of people and the thousands of people who are now involved in that campaign, which the Federal Government only stimulated and is not conducting, is a marvelous array of people—the YWCA, The National Association of Junior Leagues, the National Safety Council, the 4-H Clubs, American Women in Radio and Television—just an incredible array of voluntary groups who are willing to get in there and start working.

Both of our Institutes have major clearinghouses; just a word about the dimensions of that. In the NIDA clearinghouse alone last year, they responded to 135,000 separate requests for information or guidance, and their response to those provided some 5 million documents, included some films and books and many pamphlets and instructions to help the people who have asked for help. Similarly, the alcohol information clearinghouse has an equivalent demand.

Both Institutes have provided technical assistance to the States through the State prevention coordinators, which were originally funded by the Federal Government, but as the funding stopped in 1977, have been continued with State funding in most instances.

You have heard that the block grants now shift the major operational responsibility for prevention programs to the States. That is true; this is not a new thing. Both NIDA and NIAAA have done most of their prevention work through the State commissioners and through the State prevention coordinators, and this will continue.

As Secretary Schweiker said to you in a letter a few months ago about the ongoing role of ADAMHA and its institutes with respect to these problems, we will continue to collect data and to disseminate data. We will continue to be a national focal resource point; we must. There is no other that can possibly be as effective.

We have the relationships with the States and the communities in place. We are in continuous dialog with many, if not most of the States on these and other issues. We will continue to try to transfer the technology that is developing in some of the magnificent biomedical laboratories which are coming up with information that is nearly beyond belief in its potential usefulness in addressing these problems.

Not all the information is presently available, and there continues to be a very important kind of prevention that gets lost in the shuffle when we talk about prevention. Prevention is not always primary. We will never, as I said, have an inoculation, in my judgment, that is going to prevent anybody from having alcohol or drug abuse problems. I think that is absolutely clear.

But the programs that have been developed by industry—the employee assistance programs which have increased hundredfold from 50 to 5,500 just in the last 25 years—these programs actually constitute one of the most important kinds of prevention, and that is the early intervention, early identification, early getting to help, and early family involvement that is so important if we are to keep these things under some kind of control.

We will go on with our research not just in the lab, but we will do research in the evaluation of prevention activities. We are even going to start in NIAAA a special initial review group for research applications dealing with prevention, to give that whole area of activity far greater emphasis than it has ever had.

We will continue to interact with industry and, finally, we will continue to interact with our fellow Government workers at other levels of government, particularly through the National Association of State Drug and Alcohol Program Directors, and also through the voluntary organizations, like the National Council on Alcoholism and the Alcohol and Drug Problems Association and

the Association of Labor and Management Consultants on Alcoholism.

Those groups and their relationships to us, along with our continuing interaction with professional societies, hold great promise of our being able to play a significant and important role through research, but also through the dissemination and translation of research findings, into the fields of treatment and prevention.

Prevention and health promotion are major concerns of this administration. What we have learned in the alcoholism field alone has application in the management of chronic disease that are long overdue. The example of Alcoholics Anonymous and the example of the many other voluntary activities that have taken place among alcoholics is really a guide which we can apply and use in what is called behavioral medicine in changing people's behavior so that they do not destruct their own health and so that we can prevent the onset of many of these grievous problems, primary among which, in my judgment, as the principal health problem in America today, are the issues relating to drug and alcohol abuse.

I would be very happy to answer any further questions that you have. I would like to say that the continued function of this committee is of enormous importance in keeping the public interested and aware and involved in what is our primary public health concern.

Thank you, sir.

[The prepared statement of Dr. Mayer follows:]



DEPARTMENT OF HEALTH & HUMAN SERVICES

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FOR RELEASE ONLY UPON DELIVERY

Statement of

William Mayer, M.D.  
Administrator

Alcohol, Drug Abuse, and Mental Health Administration  
Public Health Service  
Department of Health and Human Services

before the

Subcommittee on Alcoholism and Drug Abuse  
Committee on Labor and Human Resources  
United States Senate

on

Alcohol and Drug Prevention

Wednesday, February 24, 1982  
9:30 A.M.



Mr. Chairman and members of the Subcommittee, I am pleased to be here today and welcome this opportunity to discuss with you the prevention activities of the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) - Institutes of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) within the Department of Health and Human Services.

The Alcohol, Drug Abuse, and Mental Health Administration conducts and supports research and develops new approaches to prevention and treatment in carrying out one of the major responsibilities of this Department: to promote good health for the American people. ADAMHA is the Federal agency specifically directed by statute to engage in activities to prevent and reduce alcohol abuse and alcoholism, drug abuse, and mental illness.

We know that drug and alcohol problems cause a great deal of damage to the physical and emotional health of our people, and to the economic health of our Nation. We place a high priority on preventing that damage.

Let me summarize for you some of the consequences of alcohol and drug abuse.

- o A recent ADAMHA study places the costs in this country of alcohol abuse at \$49.9 billion in 1977 and drug abuse at \$16.4 billion.\* These are the direct costs of treatment and rehabilitation and the indirect costs stemming from reduced economic productivity caused by these disorders. This does not include the enormous cost of criminal activity associated with drug abuse, nor does it include medical and social costs resulting from the use of tobacco.
- o Approximately 10 million American adults are problem drinkers. Although many of the problems associated with alcohol abuse occur with this group, they also occur, with less frequency, throughout the drinking population. Alcohol is the most widely used drug among youth: approximately 3 million young people 14-17 have problems with alcohol.
- o The list of health consequences of alcohol abuse and alcoholism is indeed formidable: They include increased risk of certain types of cancer, adverse effects on the cardiovascular system, and premature death due to cirrhosis.

\*Economic Costs to Society of Alcohol and Drug Abuse and Mental Illness, 1977. Final Report, ADAMHA, October 1981

Drinking during pregnancy can produce infants with severe abnormalities including mental retardation. About one-third of fatal traffic accidents are alcohol related and problem drinkers are two to three times more likely to have industrial accidents than the general population.

- o With respect to drug abuse, the decades of the '60s and '70s saw 10-fold to 30-fold increases in levels of use by varying segments of the population, particularly adolescents and young adults.
- o The health consequences of drug abuse are varied and often extremely serious, ranging from transitory intellectual and psychological impairment to death. Marijuana use can lead to impaired memory and perception, interfere with psychological motivation, and damage the reproductive and pulmonary systems. Amphetamines can cause loss of appetite, severe psychological problems and, in extreme cases, brain damage and death. Cocaine can have a number of physical and psychological problems including death from overdose. Barbiturates cause addiction, severe

withdrawal symptoms, and, again, death from overdose.

The opiates are well known for their severe adverse effects.

Mr. Chairman, I do not intend to dwell here on the statistics. They have been cited in numerous reports, including the soon-to-be-released Fourth Annual Report to the President and Congress on Drug Abuse Prevention, Treatment, and Rehabilitation, and the January 1981 Fourth Special Report to the U.S. Congress on Alcohol and Health.

Before turning to a discussion of our prevention efforts, may I take this opportunity to report to you some hopeful signs. We are today releasing NIDA's annual report on drug use among high school seniors. The findings from this latest annual survey of drug use among the nation's high school seniors show:

- o For the third straight year, the daily use of marijuana has declined significantly -- from 11 percent in 1978 to a level of 7 percent in 1981.
- o A drop in the students' use of cigarettes, PCP, certain inhalants, and tranquilizers.
- o Use of alcohol, cocaine, heroin, barbiturates, and LSD remained level.



According to the University of Michigan researchers who conducted the NIDA study, the decline in marijuana use may be credited to an increase in the seniors' awareness of the health risks of marijuana and to a decrease in perceived peer acceptance.

For the past 3 years, public education efforts conducted by NIDA and by the States and local communities have emphasized the health consequences of marijuana. We may now be beginning to harvest the fruit of these prevention efforts.

While we are encouraged by an overall downward trend, we must not lose sight of the fact that the usage of some drugs, which are not as widely used as marijuana, has gone up.

The survey findings show that use of the drug methaqualone (commonly known by the trade name Quaalude) and of stimulants (amphetamines) by high school seniors increased significantly in 1981. Use of stimulants showed a particularly sharp increase -- from 26 percent in 1980 to 32 percent in 1981.

Even though this report shows signs of progress, our optimism must be tempered by the assessment of our leading researchers that our young people still have the highest levels of drug abuse of any country in the industrialized world. Much work remains to be done.

This brings us to the major topic of this hearing -- prevention.

For the past few years both NIAAA and NIDA have devoted gradually increasing resources to prevention. Our emphasis throughout ADAMHA has been on knowledge development through research, demonstration, and evaluation; on State and local capacity building; and on the dissemination of information to the field. We have consistently believed that the major responsibility for funding and operating prevention programs rests with the States and localities, using both public and private resources.

Under the Omnibus Budget Reconciliation Act of 1981, States and localities have the full responsibility for planning, developing, and funding alcohol and drug abuse services using Alcohol and Drug Abuse and Mental Health Services Block Grant funds and other public and private resources. The challenge to the Institutes within ADAMHA is to enhance that State and local effort by:

- o Expanding the current knowledge base through basic and applied research;
- o Funding prevention evaluation research;
- o Disseminating effective prevention models to States and local communities, and disseminating health information to the public;

- o Assisting in the development of the capacity of States and local communities and the private sector to deliver and evaluate prevention programs more effectively.

PREVENTION: CURRENT ASSESSMENT

Much of our preventive effort has been in the funding and evaluation of prevention demonstration programs. Many of these programs explored various educational approaches to preventing drug or alcohol abuse among youth. Our reviews show that the quality of these evaluations has improved considerably in the last few years and that the results of many of the more recent evaluations are not yet in.

The evidence regarding the long-range impact of alcohol and drug education programs is incomplete. However, NIAAA and NIDA have learned from evaluation/replication studies that carefully designed and targeted alcohol and drug education programs can:

- o Change the attitudes of children, teachers, and parents toward alcohol and drug use;

- o Show elementary and secondary school teachers how to integrate alcohol and drug education into their curriculum;
- o Mobilize positive and constructive peer pressure against misuse of alcohol and drugs; and
- o Increase knowledge about the effects of alcohol and other drugs on the body, lifestyles, and life choices.

Recently, the National Academy of Sciences (under a contract from NIAAA) undertook a systematic analysis of alternative policies affecting the prevention of alcohol abuse and alcoholism. The Academy reviewed existing evidence regarding three types of approaches to preventing alcohol-related problems:

- o Regulating the supply of alcoholic beverages through such mechanisms as licensing restrictions, minimum drinking age laws, and taxation;
- o Shaping drinking practices directly through education, information, and training programs and



laws regarding drunken driving and public drunkenness; and

- o Modifying features of the physical and social environment that create hazards for drinkers.

Based on its review of the evidence, the Academy concluded that possibilities for reducing alcohol-related problems are "modest but real and should increase with experience."

The report recommends carefully researched efforts in all three approaches. With respect to education, the report indicates that alcohol curriculum materials have improved in recent years in their balance and accuracy "yet there is little direct evidence that educational programs can succeed, particularly on a large scale."

However, the report notes that there are promising new developments in health education combined with mass communication principles which can help people change their behavior in ways they think are desirable. The report concludes, "There is sufficient promise in these new efforts to warrant investment in experimental alcohol training in this model, understanding that, at this stage, collection of knowledge is the primary goal to be sought in such efforts." I will note NIAAA's alcohol

media campaign later in my testimony which utilizes some of these education/communication developments.

Drug research studies support our belief that drug abuse prevention can make a difference. One particular study I would like to call to your attention is the NAPA Experiment in California, a study of school-based prevention curricula. In this project the effectiveness of an eclectic, 12-week drug education course for seventh graders was evaluated. The drug education program provided students with information about human motivation, personal and social consequences of drug use, the effects of drug advertising, the pharmacology of drug effects, and skill development in decision-making and resisting peer pressure. For girls, positive effects of the course were found for drug knowledge, peer attitudes against the use of soft and hard drugs, a decrease in the perceived level of drug use by peers, and a decrease in self-reported use of cigarettes and inhalants. For the boys, the positive effects included increased knowledge of drug effects and perceptions concerning peer attitudes against the use of hard drugs.

I conclude, Mr. Chairman, based on information we now have, that alcohol and drug abuse prevention programs are beginning to show promise. They

require more controlled investigation of prevention strategies, both short term and longitudinal, to show drug and/or alcohol specific effects of prevention programs.

Mr. Chairman, with your permission, I would like to describe some of the prevention activities of the National Institute on Drug Abuse and then move on to discuss those of the National Institute on Alcohol Abuse and Alcoholism. Both Institutes, as you know, have altered mandates as a result of the Omnibus Budget Reconciliation Act of 1981. However, before I look to the future, I would like to share with you some of the key prevention activities we have undertaken:

#### NIDA

NIDA's prevention efforts can be discussed in four categories:

- o State Prevention Grant Program;
- o Technical Assistance;
- o Knowledge Development; and
- o Public Information and Education.

### State Prevention Grant Program

The State Prevention Grant Program has consisted of State Prevention Coordinators (SPCs), the Channel One Programs, and a limited amount of funds for prevention services.

State Prevention Coordinators are prevention experts who are responsible for developing and coordinating the establishment of State-wide drug abuse prevention programs. NIDA has paid the salaries of the SPCs as an incentive to State-wide prevention activities. SPCs have been established in 54 States and Territories. The presence of SPCs makes accessible to each State's planning process the latest in prevention evaluation research. The SPCs are also resident experts for private citizens and parents who are establishing or working to improve a drug abuse prevention program. An available prevention professional is indeed a valuable asset to a community beginning to organize its own prevention efforts. Frequently, community groups are highly motivated and dedicated to keeping its young people away from drugs, but they need help in getting started and they need to have accurate and sensitive materials to use when talking amongst themselves and with young people. The State Prevention Coordinator plays an important role in assisting local prevention programs, schools, and concerned parents to combat drug abuse.



With the advent of the Alcohol and Drug Abuse and Mental Health Services Block Grant, this program becomes the sole responsibility of the States. We are pleased to have been able to have established this network of prevention professionals across the country.

The Channel One program is an example of an innovative project that NIDA has assisted through State prevention grants and technical assistance. Channel One provides a systematic approach to the development of an effective "alternative" program, i.e., a program whose activities help young people find meaningful roles and experiences in life such that drug abuse becomes an unattractive alternative, incompatible with their own strivings, growth, and accomplishments. What is so exciting about the Channel One program is that it is a successful replication, on a nation-wide basis, of a drug abuse prevention model that draws together a variety of community members and resources. Channel One involves young people in community activities in which a strong anti-drug climate is maintained. NIDA has provided substantial funds for this effort and has collaborated actively with State authorities, the Prudential Insurance Company, Metropolitan Life Insurance Company, other businesses, and many dedicated prevention professionals. Currently, there are over 150 Channel One sites in 46 States and Territories. Projects are sponsored by over 80 private sector

organizations, mostly business enterprises. Participation of leadership from private businesses has been one of the key elements in this program's success.

The State Prevention Grant Program has given limited funds to communities to support other local drug abuse prevention programs. Just as we awarded funds to the States to establish treatment centers, NIDA has provided some of the funds necessary for drug abuse prevention programs.

As I have mentioned, funds for the State Prevention Grant Program are now included in the Alcohol and Drug Abuse and Mental Health Services Block Grant. FY 81 money is being used to phase out Federal support as the block grant takes effect. It is important to note that the law requires that 20 percent of the alcohol and drug funds in the block grant support prevention and early intervention activities. We believe that many of the State Prevention Grant activities will now be funded by the States through the block grant.

#### Technical Assistance

NIDA's technical assistance and technology transfer program is focused on community resource mobilization and coordination. There is no doubt that for drug abuse prevention programs to be effective the citizens of

local communities must be dedicated to an anti-drug environment.

Through technical assistance NIDA emphasizes the need to couple credible drug information with community prevention activities. Typically NIDA makes such information available by providing technical assistance to State agency staff who in turn assist a larger number of communities. Other efforts have included sponsoring technical assistance to groups who want to establish a drug abuse program or to evaluate a prevention project.

- Knowledge Development

NIDA's knowledge development program is designed to foster the development of more effective drug abuse prevention programs and to restrict the availability of potentially dangerous substances through abuse liability studies.

Our research attempts to develop methods of interfering with and controlling the variables which lead to drug abuse. The goal is to develop effective prevention strategies based on a sound foundation in the behavioral and biological sciences. For example, investigations of the dynamics and power of peer pressure on drug use have revealed ways to interrupt drug use patterns and progressions from the initial use of

beer and wine, cigarettes and hard liquor to use of marijuana to the later use of heroin. In addition to this essentially "basic" prevention research, NIDA supports "applied" prevention research directed at the development and evaluation of prevention programs. Recent research in this area has included investigations of the efficacy of media campaigns, school based prevention programs, and family education.

In FY '83 NIDA will continue to emphasize research focused on peer oriented prevention strategies that have proven successful in preventing cigarette smoking. These include filmed peer messages, training youngsters to say "no" to drugs, and providing alternative opportunities for positive reinforcement in the home, school and community. The Institute will also continue research focused on school based prevention programs which involves the comparisons of different drug abuse prevention approaches in order to provide State and local programs with information on how to make their programs more effective.

The second part of the Institute's prevention knowledge development effort is the abuse liability program. This program tests new drugs and compounds for their potential to produce addiction or dependence. Information from



these studies is used in drug scheduling to restrict the availability of potentially dangerous drugs and set quotas limiting the amount that may be manufactured in the United States.

#### Public Information and Education

Increasing public awareness of drug abuse and its negative consequences is a principal goal of NIDA's public information and education program. For the last several years, NIDA has produced materials that provide factual and credible information about the health consequences of drugs targeted to adults, teenagers, and children.

Along with the production of drug abuse information, NIDA is endeavoring to stimulate the media to promote drug abuse prevention. One of our most important projects toward this end is the Scott Newman Drug Abuse Prevention Award, a collaborative effort by NIDA, the Scott Newman Foundation, and the television industry. The program awards recognition to outstanding television writing and directing in the area of drug abuse. The first annual award was presented to three network television programs in November 1981.

Under the technical guidance and imprimatur of NIDA, Drug Fair, Inc. (a Washington, D.C. based drug store chain) sponsored the development of

media materials for distribution in their drug stores, a TV special to introduce the program, and a number of radio spots. Drug Fair also conducted outreach efforts in the community.

Similarly, NIDA and NIAAA are assisting the national headquarters of Blue Cross/Blue Shield in developing an alcohol and drug abuse education program consisting of booklets and videotapes for national distributors. Blue Cross plans to print over a million copies of the booklet. The goal of the project is to integrate this information package into local Blue Cross plans across the country. The Institutes are providing the technical guidance and will help coordinate the program with other prevention activities by contacting major parent groups and State and Federal health agencies.

NIDA continually searches for effective methods of disseminating to intended audiences the materials it produces. At the present time, the National Clearinghouse for Drug Abuse Information serves as a center for the collection and dissemination of drug abuse information within the Federal Government, providing services to both lay and professional audiences. In FY 1981, the Clearinghouse made a concerted effort to

increase the public's awareness of the availability of NIDA's prevention education materials by advertising them in the popular media, including Good Housekeeping magazine and the "Over Easy" television show. The campaign generated more than 12,500 responses.

In FY 1981, the Clearinghouse received almost 135,000 inquiries from the general public, and distributed about five million publications in response to these requests.

Through a contract with Supermarket Communications Systems, the Clearinghouse distributed 1,050,000 copies of nine different publications to neighborhoods throughout the country by means of publications racks in supermarkets.

As part of its media efforts, NIDA produced For Parents Only, a film and booklet program for parents and young people. Demand for the free loan of the film has been so strong that its national distributor has to maintain a waiting list. A shortened version of the popular film called Seven, Eight, Lay Them Straight was released in 1981.

NIAAA

NIAAA's role is to collect, develop, test and disseminate knowledge about (1) health risks associated with alcohol consumption and (2) effective methods for their prevention and treatment.

Since the Institute was created in 1970, it has obligated over \$100 million for prevention of alcohol problems -- through project grants and contracts, activities funded by States under the alcohol formula grant program, and intramural and extramural research. I will describe some of these activities for you briefly, although, as I have noted before, authority for some of them has been significantly amended by the Omnibus Budget Reconciliation Act of 1981.

State Capacity Building

- o From 1974 to 1977 the Institute provided financial support and training for prevention coordinators on the staffs of 48 State alcohol authorities. These coordinators were trained to assist communities in developing public education and discussion programs, studying community drinking patterns, and developing strategies to prevent drinking problems. When funding terminated in 1977, 47 State alcohol agencies maintained a

prevention coordinator on their staff and continued to offer their skills in prevention programming to interested communities. Many of these positions have now been combined with NIDA-funded State Prevention Coordinators.

- o In 1978, NIAAA joined NIDA in an effort to pilot-test a National Prevention Evaluation Resource Network. Together, the Institutes financed a contract to provide States with prevention evaluation information, technical assistance, and the prevention evaluation capability they needed to assess their alcohol and drug abuse prevention effort.
- o NIAAA's Volunteer Resources Development Program has provided assistance to State-level organizations to encourage growth and development of volunteer activities in the prevention and treatment of alcoholism.

#### Technical Assistance

Providing technical assistance is a cross-cutting activity which is an important part of many Institute programs.

- o A major type of technical assistance NIAAA is making available to States and communities is information gained through demonstration programs.



- o NIAAA has supported development of a number of model programs for prevention of alcohol abuse among youth. These models were evaluated and three of the most promising were selected for replication. In 1978 NIAAA provided seed money to eight State alcoholism authorities to replicate these programs at selected sites within their States. We also provided training and followup technical assistance at these sites. Information and training in implementing the model projects are now being provided to States and local communities through a series of workshops to be held around the country this year.
- o The Institute offers technical assistance to a variety of groups and organizations, including national voluntary groups. The American Red Cross, for example, has developed an educational counseling program with only technical assistance from the Institute. It did not receive Federal funds for this effort.

#### Public Information and Education

- o Through the National Clearinghouse for Alcohol Information (NCALI), NIAAA provides information on alcoholism treatment, prevention, and research to the professional community and the general public. NCALI works directly with selected organizations in a vigorous information dissemination program, placing strong

emphasis on encouraging voluntary groups and professional associations to establish prevention programs using their own resources. For example, NCALI developed a book of prevention project ideas by women for women. The YWCA is using this information as the basis for a training course that will be used in YWCAs throughout the country. NCALI has also worked with the medical professions to develop curriculum guides to assist medical and other professional schools in teaching physicians, physician assistants, nurses, nurse practitioners, social workers, psychologists and medical educators about alcoholism and alcohol abuse.

- o The information services developed by the Clearinghouse itself have been enthusiastically received and widely used. For example, paid subscriptions for the magazine Alcohol Health and Research World, a publication of NCALI, have nearly tripled over the past two years. A survey of readers of "Information and Feature Service", another NCALI publication, found that over 65 percent had contacted programs discussed in the publication for further information.

- o In 1980, NIAAA awarded a contract to assist us in the development, implementation, and evaluation of a mass media campaign designed to prevent alcohol problems among women and youth. The NIAAA Public Education Campaign, which is now underway, includes radio and TV announcements, magazine ads, brochures, posters, talk show scripts, live radio announcer copy and editorials for each target audience. Campaign materials suggest ways to avoid problems with alcohol before they arise. States and national volunteer organizations are deeply involved in the Campaign. State Agency Directors and local chapters of participating organizations, such as the National Council on Alcoholism, the YWCA, the Red Cross, the National Association of Junior Leagues, American Women in Radio and Television, The National Safety Council, the Extension Homemakers, 4-H clubs, and others deliver campaign materials for use by the mass media at the local level. Within the last six months, all 50 States participated in planning for this campaign by attending regional showcases which provided training for 430 representatives of State Alcohol Agencies and other national and local organizations.

#### Knowledge Development

- o Through the Alcohol Prevention Demonstration Grant Program, NIAAA systematically evaluated the effectiveness of different

approaches to the prevention of alcohol problems. Projects were funded in the areas of special populations, community alcohol education strategies, and alcohol education and teacher training.

- o NIAAA has supported prevention policy research projects aimed at increasing our understanding of the impact of regulatory measures such as minimum age restrictions and beverage control laws on alcohol-related problems. For example, one project examined the impact on drinking behavior of changes in zoning laws for liquor outlets in California.
  
- o Recent research supported by the NIAAA has demonstrated the importance of genetics in the varying susceptibilities of individuals for the development of alcoholism as well as medical problems that can result from alcohol use. It is suspected that enzymes which are involved in alcohol metabolism play a significant role in the explanation of such genetic susceptibilities. Since the harmful effects of alcohol consumption seem to be relatable to the processes by which it is metabolized, this research will lead to a better understanding of the basis for alcoholism and the differing vulnerability of individuals to the damaging effects of alcohol on the body. It is possible that we could develop the means to identify and alert those people whose genetic predisposition places them at risk for

developing alcoholism or medical problems that can result from alcohol use.

- o NIAAA is also making progress in the development of diagnostic techniques that can aid in the early identification of alcohol-related problems. Because this approach depends upon blood samples that are routinely obtained during regular physical examinations, it offers significant promise as an effective and economical procedure to aid physicians in the early diagnosis and identification of individuals with alcohol-related medical problems.
  
- o The Institute has established an Epidemiologic Data System to help identify and define alcohol-related problems so that resources can be concentrated where the potential "payoff" is greatest. This system includes information on alcohol-related health indices, alcohol-specific casualties (e.g., domestic violence and accidents), alcohol consumption patterns, legal data, and demographic patterns. Current analytic efforts include examining rates of cirrhosis mortality among different population subgroups (e.g., Blacks, Whites, Native Americans) and for different geographic locations (e.g., major metropolitan areas). Preliminary findings indicate high cirrhosis mortality rates among American Indian Women and among Blacks. For the latter



group, the data show cirrhosis mortality to be especially high in major U.S. metropolitan areas.

PREVENTION POTENTIAL - PROMISE FOR THE FUTURE

In the prevention area we believe that there are several endeavors that hold considerable promise:

- o Continuation of community resource mobilization efforts;
- o Application of anti-tobacco smoking techniques to illicit drug use;
- o Continuation of parent and family education efforts; and
- o Prevention research

Channel One and the Parents Movement are good examples of community mobilization. Channel One projects show how varied segments of society can work together to promote an anti-drug climate. We expect increasing private support for Channel One projects and that they will continue in the future even though Federal support has ended. The Parents Movement is another example: It is concerned parents organized (without government funding) to inform themselves about drugs and to take action against drug use among their children. NIDA is supporting workshops to further

these community resource mobilization efforts. We believe that there is a need to foster the interest that parents, community leaders, church leaders, businessmen and all citizens have in preventing drug abuse. Mobilizing community resources holds much promise and is an area where Federal, State, and local jurisdictions need to continue to work together.

Another very promising prevention strategy currently under development is based on information from successful programs to delay onset of cigarette smoking by junior high school students. In recent years there has been some real success in lowering the incidence and prevalence of smoking among adolescents. The reasons for this success appear to be related to a combination of factors: providing educational material on the effects of smoking and nicotine on the human body in a school setting and identifying the subtle motivations that lead students to use of psychoactive substances. Programs are then designed to provide a counterforce to those motivational processes. Early evidence shows that even in programs focused exclusively on preventing smoking, there is a positive effect on preventing the initiation of drinking alcohol and smoking marijuana. This finding is related to the "gateway hypothesis", one of the tenets of which is that cigarettes and alcohol are a "gateway" to use of illicit drugs such as marijuana. We expect to provide leadership in the further development of such programs so that new findings can be provided to States and local communities.

The third area is that of parent and family education. We believe that the family is one of the most effective avenues available for preventing drug and alcohol abuse. Many of the Institutes' educational materials are written for parents who want to be active in preventing and eliminating drug and alcohol abuse among their children. It is vital that parents and other family members have accurate and credible information upon which they can rely when talking to young people. They particularly need to know that they are not powerless as drug abuse invades the family unit: they can have sound, reliable information upon which to take a stand.

Earlier I mentioned that our evaluations show that some alcohol and drug abuse prevention programs are beginning to show promise of effectiveness. It is to the area of research that we must look for further answers to the difficult questions of how to effect change in complex health-related behaviors. The effectiveness of alcohol and drug abuse prevention programs and strategies needs to be convincingly documented and then disseminated to States and local communities.

As you know, the President's FY 1983 budget requests sizable increases in funding in alcohol research. A major focus of this research program in 1983 will be prevention--in particular, the development of basic techniques and principles in the prevention of alcoholism and specific problems that result from alcohol use. NIDA's FY 1983 budget also requests increased funding for drug research.

RELATIONSHIP OF FEDERAL EFFORTS TO STATE, LOCAL, PRIVATE AND VOLUNTEER  
PROGRAMS

As we move into the 1980s, the Federal role in drug and alcohol abuse prevention is changing. The States have increased responsibilities. We have seen private and volunteer groups mobilize to attack alcohol and drug abuse problems. We recognize that the solution to the problems of alcohol and drug abuse is more complex than can be addressed by NIDA and NIAAA alone. The private and volunteer sector and State and local governments have a major role to play. However, we recognize that ADAMHA has a continuing responsibility to provide national leadership to assist those groups and governments in their efforts.

The major thrust of the NIAAA and NIDA prevention programs has been to stimulate involvement of States to develop their capacity to plan for, provide, and evaluate prevention services. To this end we have provided money, conducted demonstrations and provided technical assistance. The Omnibus Budget Reconciliation Act of 1981 amended the statutory authorities for many prevention programs carried out by the Institutes in the past and provides an Alcohol and Drug Abuse and Mental Health Service Block Grant. As I noted before, twenty percent of the block grant funds for alcohol and drug abuse is mandated to be spent on prevention and early intervention programs designed to discourage the abuse of alcohol and drugs. We will be working closely with the States to provide technical assistance and transmit relevant research findings to help them make this 20 percent set-aside maximally effective.

A recent concrete example of our efforts to facilitate the prevention efforts of a volunteer organization, the Parents Movement, is NIDA's publication of Parents, Peers, and Pot. This book was written by a parent who successfully organized the small community of her children's friends' parents to help their children get away from drugs. Parents, Peers, and Pot tells the story of what these parents did when they realized that drug abuse was affecting their children's normal development. It also contains numerous facts about marijuana and its health consequences. We think of this publication as NIDA's best seller.

Over the years, a number of agencies and organizations in the private and voluntary sector have made significant contributions to the prevention of alcohol abuse and alcoholism: organizations such as the National Council on Alcoholism, the Beverage Alcohol Information Council (BAIC), the Smith Foundation, the Kroc Foundation, Alcoholics Anonymous (AA) and Al-Anon, the Association of Labor Management Administrators and Consultants on Alcoholism (ALMACA), the Will Rogers Institute and similar dedicated groups.

Right now in the alcohol abuse prevention field there are many organizations engaged in national public education campaigns. The Beverage Alcohol Information Council (BAIC) -- an organization of 10 beverage alcohol industry associations -- was formed in 1979 to conduct a nationwide public education campaign on the effects of alcohol consumption during pregnancy.



The first phase of the campaign was designed to reach two target populations -- women of childbearing age and professionals who can advise potential mothers. Recently, BAIC broadened the purpose of its public education efforts and now also addresses alcoholism as a disease. The National Council on Alcoholism will launch a National Public Education Campaign this year. Messages are being developed for radio, TV, and print media which aim to help eliminate stigma associated with alcoholism and to encourage people to seek help.

I have already mentioned the contribution that the private sector, particularly industry, has made in our Channel One Project.

We recognize that without the considerable efforts of many private and volunteer organizations we would not have made the progress we have to date in facing the problems of alcohol abuse and alcoholism and abuse of drugs in this country. We see one of our primary goals to be assisting these groups whenever we are needed in carrying out their work.

#### FEDERAL COORDINATION

As the Subcommittee is keenly aware, efforts to prevent and reduce alcohol and drug related problems require coordination and collaboration among many Federal agencies. Interest in collaborative efforts has grown.

NIAAA and NIDA have jointly supported an important medical training program with significant potential for preventing alcohol and drug abuse by improving medical practice. The purpose of this collaborative effort -- known as the Career Teacher Program -- is to provide support to medical schools and schools of public health for advanced training of a faculty member who will educate students about addictions as well as develop a special curriculum for the school. Nearly one-half of the medical schools in the Nation have now received such awards.

In conjunction with the Department of Education, NIAAA has completed two series of films and supplementary print materials for junior and senior high schools. These films, Jackson Junior High and Dial Alcohol, have been seen by over two million students. NIAAA has assisted the Department of Education in the development of technical assistance for the Alcohol and Drug Abuse Training and Resource Centers. The Institute has also provided consultations to these Centers. Finally, NIAAA, through its National Clearinghouse for Alcohol Information, has developed and disseminated a list of alcohol curricula for use by teachers and school systems interested in developing, updating or ordering new curricula.

NIDA has provided the Department of Education with funds to provide materials and training to communities interested in the Ombudsman

program, a drug abuse prevention effort developed and evaluated with NIDA funding and which is now included in the Department of Education's National Diffusion Network. This Network provides communities with information on model education programs.

NIDA and the Department of Education have co-sponsored workshops for State and local drug abuse professionals and school personnel.

NIAAA engages in numerous collaborative efforts with different arms of the Department of Defense. Examples include projects to increase our understanding of alcohol on the body and to test diagnostic tools we have developed to differentiate alcohol from other drugs of abuse and non-drug conditions.

The Departments of Defense, Education, and Justice, as well as other components of the Department of Health and Human Services, have collaborated with NIDA in the development of a number of publications, including the Prevention Planning Workbook, the Prevention Needs Assessment Workbook, and Drug Abuse Prevention for Low Income Communities. These Departments also participated with NIDA in a national conference on drugs in the workplace.

The Health Care Financing Administration is devoting \$5 million annually to 120 alcoholism treatment programs under seven demonstration grants to provide alcoholism services in new, less expensive and more

effective ways. NIAAA is providing up to \$1 million annually for administrative and evaluation costs.

The Health Resources Administration is devoting \$4 million over a 3-year period to support 29 medical schools in developing special programs on alcoholism and alcohol-related problems within Departments of Family Medicine.

NIAAA has had ongoing collaborative efforts with the Department of the Treasury and the Food and Drug Administration regarding the effects of alcohol consumption during pregnancy and how to inform the public about these risks.

NIAAA has had ongoing collaborative efforts with the Department of Transportation (DOT). As you know, there has been increased public concern recently over highway accidents involving alcohol, particularly among young people. We will continue to work with and support DOT in their future efforts in this area.

Since 1980 the Centers for Disease Control (CDC) has been engaged in a study with NIAAA and the Harvard University Medical School to identify genetic factors related to alcoholism. Through its involvement with State Health Officials and the public health community at large, CDC has become increasingly aware of the impact of alcoholism and alcohol

abuse. We look forward to working with CDC as it expands its emphasis on alcoholism and alcohol abuse.

NIDA is now collaborating with the new Drug Use Prevention Office at ACTION to see that NIDA publications are available to parents and other volunteer groups across the country. They are also working to develop models for volunteer drug abuse prevention programs that fully utilize the resources of both agencies. NIDA is supplying materials for use at the March White House Briefing on Drug Use that is being coordinated by ACTION.

ADAMHA, through NIDA and NIAAA, and in conjunction with ACTION and the White House, will continue to work closely with other areas of the Federal Government to ensure that we exert a national leadership role and continue to facilitate the prevention of alcohol and drug abuse.

#### CONCLUSION

In summary, Mr. Chairman, both NIDA and NIAAA have established ongoing prevention activities which have stimulated the growth of prevention efforts in both the public and the private sector. Drug and alcohol abuse is such an enormous problem that there is a need for a variety of approaches and for a variety of groups to join in the effort.



We see our role not only as being that of a research agency, but also that of a catalyst. As Secretary Schweiker wrote to you, Mr. Chairman, late last year, NIDA and NIAAA will carry out the Federal role in preventing alcohol and drug abuse by "conducting national special policy studies and analyses, collecting data and maintaining data systems on the incidence and prevalence of substance abuse, disseminating information on treatment and prevention, coordinating national prevention campaigns, and providing technical assistance to the States and private organizations."

We stand ready to assist in our Nation's efforts to prevent the abuse of drugs and alcohol. We encourage parents, teachers, church leaders, businessmen, community leaders, local government officials and any interested citizen to join in eliminating these problems from our society.

Mr. Chairman, thank you very much for this opportunity. I will be glad to answer any questions you may have.

Senator HUMPHREY. Thank you, Dr. Mayer.

Dr. Turner, what was the genesis of this program to involve ACTION in a grassroots way in fighting alcohol and drug abuse? How did that all come about?

If you want Mr. Pauken to respond, help yourselves there, any way you want to respond.

Mr. PAUKEN. I would be happy to respond to that question, Mr. Chairman.

When I came in as Director of ACTION, which is the principal Federal agency designed to encourage voluntarism, I was very disappointed to discover that—

Senator HUMPHREY. Excuse me, Mr. Pauken. Will you bend the microphone down a little bit? I doubt that they can hear you in the back.

Mr. PAUKEN. I was very disappointed to discover that this agency, ACTION, the principal Federal agency designed to encourage voluntarism, was not only failing to encourage worthwhile voluntary efforts that were out there, particularly with regard to the parents' efforts to combat drug abuse, but we had no presence in this very troubling field of drug abuse.

As an attorney in private practice that dealt with a lot of young people that came into the criminal justice system and found, in dealing with them, that so many of them were related to drug use or drug abuse issues, I personally, with that background and as a parent, was very concerned.

We then undertook to take a look at what was out there, and we were so impressed with the enormous work that was being done with no Federal assistance or really very little Federal encouragement in the parents movement—I know you will hear from them later—that it was our thought that there were so many parents out there who wanted to do something that with some technical assistance that could be provided by those parents who have already formed together and been successful in dealing with this serious problem, we could link them together.

With just a little bit of Federal seed money and catalytic support, as the President has called for in his emphasis on voluntarism, an enormous abundance of effort throughout the country could take place.

I know you have a representative today from the Colorado parents movement. We are working very closely out there in trying to provide some assistance with a young man, who is a young leader recently out of school, who is working with the parents movement, PTA's, school boards, law enforcement officials, as well as young volunteers in ACTION to try to be of some assistance in a joint effort to make a difference in a State which has a very serious drug abuse problem.

In addition, Melissa Gilbert of "Little House on the Prairie" has agreed to serve as a spokesperson on this issue of drug abuse for our agency and on behalf of the White House and its efforts to deal with the problem area and to discourage drug use.

I would simply say again, as an attorney, it was a shock to me in representing one young man who went through the criminal justice system, and we worked things out, I think, to his satisfaction and to his parents' satisfaction. Afterward, I told him, "One of the

things you have got to avoid is future drug use, because you could wind up having to take some time in county jail for what had been a suspended sentence."

He was very upset and almost broke down, and I could not figure out why he was so upset, and it turned out that he said to me in front of his parents, "I do not know what I will do if I cannot use drugs because I will lose all of my friends." This peer pressure that Dr. Turner discussed in his opening remarks is so critical.

It was so different when I was growing up in high school in the late 1950's and in college in the early 1960's. We have got to begin to apply and encourage some reverse peer pressure, and that is why I think the combination of parents along with young leaders who are willing to take a strong stand in opposition to the drug culture can make an enormous amount of difference.

So, we are excited about participating in this and really, basically, filling a supporting role in encouraging the worthwhile efforts which are already out there and which I know you will hear more about this morning.

Senator HUMPHREY. So, it was your idea?

Mr. PAUKEN. Basically, yes. I am sorry for a long-winded answer, Senator.

Senator HUMPHREY. Well, it is a very good idea.

On page 7 of Dr. Turner's statement, he describes some of the things that ACTION will be doing, and if you could just very quickly touch on each one of those points and tell us what it means in practical terms, considering that in large measure your audience is going to be people who are involved in parents groups, and so on, and who are looking for this kind of help.

Mr. PAUKEN. In Colorado we have a young man, Brian Voight, who is serving as a volunteer coordinator to work with the parents movement as well as law enforcement agencies, school boards, et cetera, to encourage a joint effort and to really serve as staff support and encouragement for these worthwhile efforts. We hope that will be a model which can be developed in a number of States throughout the United States.

Parent group leaders have also come into Colorado, and we are working with them and other States in terms of helping to set up and make this effort a successful one.

In the Archdiocese of New York, we have provided a grant in a program called DARE, drug-alcohol rehabilitation education. Whereas in Colorado the principal focus is the public school system, we also wanted to look at a parochial school system to mobilize and train some 1,500 youth and adult volunteers in the five counties of the New York Archdiocese. And we anticipate that there will be really close to a million volunteer service hours in this area of drug education, and we hope to expand this effort as soon as we get the results, which we think are going to be positive results, in other States and in other regions throughout the United States.

With respect to the second matter, we have informed all of our regional and State offices, as the principal arm of our agency on a regional and State level, to do whatever they can to assist local parents, efforts in their communities and in their States.

Senator HUMPHREY. Well, that is the question. What can they do? What resources do the regional offices have available?

Mr. PAUKEN. Well, in the case of Colorado, we are putting one person full time to work with all of the groups. He will concentrate exclusively on the drug abuse problem. In addition, other members of the staff will work part time. We are developing a slide presentation which will be available in the next month that we think will be very helpful to encouraging volunteer efforts in different communities, and that will be made available.

We are basically telling all of our State directors that as part of their responsibility to encourage and promote voluntarism, a good portion of that should be in the area of drug abuse, and they need to get together with the various agencies that are involved as well as with the parents' movements in their States in order to pull together a joint effort, so that we can be basically supportive of the overall policy which Dr. Turner has outlined today.

With regard to the technical assistance to parents groups, we are providing that through grants that have been awarded to PRIDE and the Pacific Institute for Education and Research, which are the principal research arms and educational arms of the parents movement; again, to take those people, not a bunch of people from Washington, D.C., who are working in our agency, but instead people out there that, on their own without, really, any or a negligible amount of Federal assistance, have done a remarkable job—to be able to bring them together so that they can provide the training and technical assistance to get these efforts going.

The models that I mentioned in my remarks of training both adult and youth groups—we have mentioned a couple of them, but our young volunteers in action, which will be in some 50 communities by the end of the year, in many of those communities the young people that will be involved will do what they can to inform their fellow young people of the dangers of the drug culture and the benefits of a drug-free environment.

With regard to materials, in addition to the NIDA and NIAAA publications we are also working with the American Council on Marihuana to produce a substantial number of copies of pamphlets which will contain the most recent and accurate scientific and medical information with regard to specific illicit drugs, and make them available to parents groups and others who work in prevention.

Senator HUMPHREY. Are you going to have those kinds of publications available in quantity?

Mr. PAUKEN. Yes; we will have those available in quantity.

Senator HUMPHREY. So, you are not going to be running out?

Mr. PAUKEN. We are going to do what we can to avoid running out, Mr. Chairman.

Finally, Mrs. Reagan is hosting a White House briefing on drug abuse in March. We are working in a supportive role to help in that effort. It is combination of bringing together the parent movement leadership with leaders of the corporate, entertainment, and voluntary association worlds.

From that, we hope to expand it into a series of regional conferences which will result in specific efforts for people to join together to make a serious effort to combat drug use.



I think the time is ripe. It is like anything else. For a while, the wave was that doing drugs was OK; nothing wrong with it. With the enormous amount of scientific information available, the increasing concern of parents who see how damaging it is to their kids and other kids, and the willingness of the Administration to make a major push in this field, I think the combination can really dent those figures over a period of time.

Senator HUMPHREY. One last question. How large a share of the ACTION budget will be devoted to these activities?

Mr. PAUKEN. Most of our budget, as you know, Senator, is associated with the Older American Volunteer program, which is retired senior volunteers, Foster Grandparents, and Senior Companions. That is an ongoing budget.

We are encouraging retired senior volunteers to work much more extensively in the area of drug abuse dealing with troubled youth. I do not have a specific dollar figure on volunteer hours, but it will translate into millions more dollars' worth of volunteer time every year than previously, because the Older American Volunteer program up to now has not really emphasized the problems associated with troubled youth to too great an extent, with the exception of some elements of Foster Grandparents program.

In addition, with our limited demonstration funding, which runs into the millions of dollars, a substantial portion of that will go specifically to the area of drug abuse. Again, we think that a few dollars well-spent in support of efforts such as the parents movement, even if it is not in large sums, which our agency does not have, can do a tremendous amount to encourage the replication of successful efforts throughout the United States.

So, I would say that in terms of our emphasis, I would say 20 percent of our agency's overall efforts will be directed to this field, because we basically are concentrating on Older Americans programs, which is the basic foundation of the agency, and programs dealing with troubled youth, and this is the most important as far as we are concerned.

Senator HUMPHREY. Very good; thank you. I wish you well, and congratulate the Administration and you for this excellent new approach.

Dr. Mayer, you released some statistics this morning, some of which are encouraging and some not so encouraging. In the research done for you by the University of Michigan on the seniors' survey, did they uncover any explanation of why, in specific terms, the smoking of cigarettes and marihuana cigarettes has declined since the last survey?

Dr. MAYER. Perhaps I could ask Dr. Pollin to respond to that.

Senator HUMPHREY. Fine.

Dr. POLLIN. We have a chart here, Mr. Chairman, that I think clearly demonstrates one of the important factors. High school seniors report that their perception of great health risk from the smoking of marihuana regularly has really increased quite dramatically in the past 3 years.

Senator HUMPHREY. Perceptions have changed?

Dr. POLLIN. That is right, so that whereas in 1978, only 35 percent of high school seniors perceived any great health risk from the



regular smoking of marihuana, that percentage has increased so that last year, it was 58 percent.

Given the fact that the perceived availability of marihuana and the actual evidence as to the availability of marihuana has not changed, this dramatic increase in perceived health risk and an accompanying increase in disapproval, so that last year 75 percent of high school seniors said that they would disapprove of their classmates smoking marihuana regularly or felt that they would be disapproved of if they did so—we think that those two factors, increased awareness of health risk and perceived disapproval, are the major factors which are driving this.

Senator HUMPHREY. To what agent do you attribute the change in perceptions?

Dr. POLLIN. I think if one stands back and looks at the health messages that have been delivered over the past decade, to oversimplify, at the beginning of the decade the general public message was marihuana is benign and the major problem our society has with it is overrepressive legislation; let us decriminalize.

I think that in the mid-1970's, that message tended to be superseded by a message which said, "We do not know enough to say whether marihuana is or is not dangerous," and the message was very ambiguous.

I think in the past 3 or 4 years, if one looks at the marihuana and health report that the Department has submitted to the Congress and if one looks at the message in the major media channels—nationwide TV, Readers Digest, and the like—increasingly, the message has been communicated that marihuana is not a benign substance; there is great concern.

Senator HUMPHREY. So, the change has been wrought by messages coming from a multitude of sources about the dangers of marihuana?

Dr. POLLIN. I would say there has been a substantial increase in the knowledge base about those dangers and much greater success in communicating this information to the American public and to our young people.

Senator HUMPHREY. All right. Well, let us look at the darker side of the picture. Is there any misunderstanding on the part of young people about the dangers of harder drugs, like cocaine?

I mean, if they are beginning to understand that marihuana is dangerous physiologically as well as in other ways, and therefore are reducing the use of that substance, why is the abuse of cocaine, for instance, not decreasing? Surely, there is no misconception or misunderstandings about the danger of that drug and harder drugs, or is there?

Dr. POLLIN. I think there is.

Senator HUMPHREY. There is?

Dr. POLLIN. I think we have not been successful as yet in communicating the fact that cocaine is a very dangerous drug. I think that a very widespread perception is that cocaine is relatively benign.

Senator HUMPHREY. By the way, does that show up in the survey of the University of Michigan? Did they delve into that?

Dr. POLLIN. Yes, they have. What does show up is that during the same past 2 years when stimulants and amphetamine-like

drugs have increased significantly, the perceived risk of the use of stimulant drugs has decreased. In part, I think that is due to the fact that there has been a tremendous expansion of the sale and promotion of over-the-counter diet and pep pills.

Senator HUMPHREY. Yes.

Dr. POLLIN. And it is our intent to concentrate much more heavily during this coming year on the dangers of both cocaine and the stimulants.

Senator HUMPHREY. Well, that is a good lead-in to a question about your media campaign. Can you enlarge on that for us briefly?

Dr. POLLIN. First, I think that a very important part of our media efforts derive not from any organized campaign, but derive from the attention which hearings such as this have elicited in the past and will, I hope, continue to elicit; from the attention which the media do give when major surveys or major new compilations of health hazards are released, as will be the case later this week when the Institute of Medicine releases its survey on marihuana and health.

In addition, we do have planned several campaigns. We are exploring a new relationship with the advertising council, and NIAAA is further along in a media campaign which Mr. Archer perhaps could tell you about.

Senator HUMPHREY. Fine. Could you tell us, are these clips from TV video? What is this up on the wall?

Mr. ARCHER. Mr. Chairman, those items on display are television clips and posters from the NIAAA national media campaign designed to educate the public about alcohol problems among women and youth. The problem of alcohol abuse is a complex problem. Society has different—and sometimes ambiguous—attitudes on the use and effects of alcohol.

For these reasons, it was our decision to target our campaign on three specific areas where there is clearly agreement on the need for education and information that there is harm in excessive use of alcohol. These are the area of youthful drinking and driving, the area of alcohol use during pregnancy, and the area of alcohol use by women in general.

These television clips and other printed literature, for example, posters and pamphlets are a part of this campaign, which is basically being carried out as a volunteer-based effort across the Nation.

Senator HUMPHREY. So, you have had some public service messages produced and you are distributing these to TV stations on request?

Mr. ARCHER. NIAAA is not distributing them directly to TV stations. We are distributing them to State alcohol authorities. The States are responsible for distributing the public service announcements to television and radio stations either directly or through working with volunteer groups, for example, the PTA and others at the community level.

Senator HUMPHREY. Yes.

Mr. ARCHER. In addition to that, we will be forwarding information out to physicians and other health care professionals. We have provided the committee with a package of the materials that we

will be forwarding. We see this as supportive of long-term efforts that hopefully will be done both by ourselves, by the National Council on Alcoholism affiliates by ACTION, by parents groups and by many others as a total movement of concern about alcohol-related problems across the Nation.

Senator HUMPHREY. Well, I commend you for these media efforts. I am not going to get into the scientific end of things and the research; I will leave that to you. But as a practicing politician who appreciates the importance of perceptions—and unfortunately, they do not always accord with reality, I am glad to see that you are taking this as part of your responsibility; that is, to bring perceptions into accordance with reality.

Of course, this is not brand new for you; you have been doing this for some years. One of the problems in the past is that you have run out of some very good materials. Now, how is that shaping up for this year?

You have got a lot of people listening to you out there and they are all planning to tap your resources and to ask you for some of these goodies. Are you going to have enough this year?

Mr. ARCHER. Yes; we have been concerned about that as well, and have made preparation so that there will be sufficient materials. I am pleased to announce that, for example, even though sometimes we have actually charged a fee for those materials, such as our publication on alcohol and research, our distribution has tripled even when we charge a small fee.

So, we believe that the materials can be made available.

Senator HUMPHREY. Good. Well, there is a great deal that we could get into. Unfortunately, time does not permit it. I want to thank each and every one of you for your excellent testimony and for your time and for your continued devotion to hopefully eradicating, eventually, these very severe and unfortunate problems that we have.

Thank you.

[The responses of Dr. Mayer follow:]

1. There are many different concepts of the meaning of prevention.  
Could you define for the Subcommittee your concept and that of  
the Administration on the meaning of prevention?

ADAMHA prevention concepts are set forth in Healthy People, The Surgeon General's Report on Disease Prevention and Health Promotion. Prevention can be conceptualized at three levels:

- o Primary prevention includes actions or interventions designed to prevent or reduce the incidence of alcohol abuse, drug abuse, and mental health disorders and related problems.
- o Secondary prevention is concerned with the early detection and treatment of these disorders to reduce their prevalence or the prevalence of dysfunctional behaviors associated with them.
- o Tertiary prevention is aimed at rehabilitation and includes those activities directed at ameliorating the seriousness of the disorders, once developed, by reducing consequent disability and dependence.

ADAMHA emphasizes primary prevention in its research and program development. Prevention methods or strategies may involve health promotion in facilitating individual behavior change, health protection involving public policy and regulatory activity, and disease/disorder prevention activities to prevent the occurrence of specific disorders or problems, e.g., fetal alcohol syndrome and high risk behaviors such as drug or alcohol abuse or their consequences.

These broad public health definitions and concepts provide the framework for the individual Institute program emphasis, e.g., NIDA's information, education, alternatives, and intervention and NIAAA's interest in replication of model, prevention programs, public education, and research on improved diagnostic procedures, and the prevention of specific problems that result from alcohol use.



2. What percentage of the research budget for 1983 do you intend to devote to prevention research?

As currently planned, a minimum of \$11 million, or 6.5 percent, of the extramural research budget for 1983 will be devoted to prevention research. This represents more than a 50% increase over the amount we will spend for comparable research in 1982.

Two points should be made regarding this resource allocation:

(1) Prevention is a relatively new field, and the ability of researchers to generate high quality applications, while growing, is much less than we expect will be seen after several years of strong Federal support. ADAMHA must continue to fund only those applications which are identified as worthy of the Federal investment. (2) The amount identified above only represents support for projects which are wholly or substantially prevention in nature. There are, in addition, other agency programs with a prevention component which are identified as primarily related to another program area, such as epidemiology, aging research, or research on deaths and injuries from alcoholism. If these were included, the percentage intended for prevention research would be considerably higher than the 6.5 percent cited above.



3. How are the Institutes working with other branches of the Federal Government to share their expertise in prevention, in particular with ACTION and the Department of Defense?

Both NIAAA and NIDA are expending considerable effort in establishing and maintaining interagency cooperative efforts regarding prevention programs and policies. This includes collaborative activities with the Departments of Education, Defense, Justice, and Transportation as well as other agencies within DHHS. Such collaboration involves sharing information on prevention strategies, jointly developing publications and joint support of training programs. NIAAA has ongoing collaboration with the Treasury Department regarding the effects of alcohol consumption during pregnancy and how to inform the public about this. This collaboration has been enhanced in the alcohol field by the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism and in the drug field by the White House Office of Policy Development.

NIDA and ACTION are developing a close cooperative relationship. ACTION is disseminating many of NIDA's materials to interested parents and other volunteers interested in preventing drug abuse. ACTION provides lists of NIDA publications to interested volunteer group. NIDA has supplied some of the materials for the ACTION-sponsored White House Briefing on Drug Use and the Family. One pamphlet was developed specifically for this conference. The two agencies are also developing mechanisms for responding to requests from interested private organizations and groups who want to establish drug abuse prevention programs or activities in their communities.

Both NIDA and NIAAA maintain a close working relationship with the Department of Defense. NIDA has provided the Department of Defense with prevention material, conferred regarding the development of the Department of Defense's prevention programming, and involved Department of Defense personnel in State conferences. NIAAA has a long-standing relationship with the Department of Defense in sharing information about employee assistance programs.

The Department of Defense will use media materials developed for the new NIAAA Public Education Campaign in the 125 overseas television and radio stations of its Armed Forces Information Service. NIAAA print materials also will be distributed to each of the armed services through the Office of the Assistant Secretary of Defense (Health Affairs). In addition, NIAAA has a number of ongoing collaborative efforts with different components of the Department of Defense.

4. What evaluation do you have of the prevention programming at NIAAA and NIDA?

In January 1982 NIDA completed a scientific program review of its prevention research. The review included projects in four major prevention categories - school-based drug education programs, prevention media assessment, family intervention, and peer strategies for prevention. The research results were analyzed for a number of projects in each of these areas. For example, the NAPA Experiment, a study of school-based prevention curricula, assessed the effectiveness of an eclectic 12-week drug education course for seventh graders. The study findings, with some differences between girls and boys, indicated positive effects in drug knowledge, peer attitudes against the use of drugs, decreases in perceived levels of drug use by peers and a decrease in self-reported use of certain drugs.

The Office of the Administrator, ADAMHA, recently completed a "meta-evaluation" of a sample of primary prevention projects that ADAMHA had funded over the past 10 years. This was an effort to assess the quality of evaluations on ADAMHA funded prevention projects and to identify and describe implementation and evaluation problems faced by prevention projects with a view to improving ADAMHA's prevention policy and evaluation requirements. The study showed that beginning in 1979 evaluation quality improved greatly, that a few projects had highly adequate evaluations, and a small number of projects demonstrated intervention effectiveness.

5. What programs are planned in the development of evaluation technology for prevention programming at NIAAA and NIDA?

NIAAA and NIDA have developed and supported a National Prevention Evaluation Resource Network (NPERN). During its three-year development and implementation phase, the project reviewed, improved, refined, and developed a number of evaluation approaches as an aid to States in designing effective evaluation tools. The project continues to provide prevention evaluation research techniques, evaluation training, and specialized technical assistance to State and local drug and alcohol abuse prevention programs. Manuals for both evaluators and program administrators will soon be made available.

As I noted in my testimony, NIAAA has learned from its evaluation/replication studies that carefully designed and targeted alcohol education programs can:

- o change the attitudes of children, teachers and parents toward alcohol use,
- o show elementary and secondary school teachers how to integrate alcohol education into their curriculum,
- o mobilize positive and constructive peer pressure against misuse of alcohol, and
- o increase knowledge about alcohol's effects on the body, lifestyles and life chances.

6. What will be the Federal role in monitoring the 20% set-aside for prevention programming in the Alcohol and Drug Abuse and Mental Health Services Block Grant?

We believe that in enacting the block grants, the Congress intended that the responsibility for interpreting and implementing the block grant statutes be placed squarely on the States. Thus, the Secretary has given the States maximum discretion and flexibility for carrying out programs, and we do not intend to intrude on the States' prerogative to exercise this discretion. Therefore, we will not be monitoring, in the traditional sense, State actions. HHS will, however, be conducting the statutorily required compliance reviews and will be alert to complaints of noncompliance, as a general matter.

We also plan to learn about innovative practices by States and assist in passing these practices on to other States, in addition to our own model prevention program development. The States have expressed interest in continuing to report information through voluntary actions. Our response to question 13 details what we are doing and plan to do in this area.

In addition, the States are required to prepare both pre- and post-expenditure reports, respectively, how they plan to spend, and how they actually spent, their block grant funds. We will be obtaining from these sources, as well as the others mentioned above, some information regarding States' use of the 20 percent set-aside for prevention.



7. Other testimony this morning expresses concern that the Initial Grant Review Groups at the Institutes may not have the experience and expertise in the prevention area and therefore may screen out prevention research grants. How will you address this potential problem?

In general, we feel that there is appropriate expertise in our standing initial review groups to assess prevention research proposals, although we do, as necessary, supplement such groups with ad hoc reviewers to provide additional expertise in specific areas of prevention research. Also, particularly in the case of special initiatives where particular types of applications are sought, we may arrange for review by an ad hoc group of reviewers.

It is our policy and practice to ensure that every application, whether for prevention or any other kind of research, is reviewed by appropriate types of experts. This issue is addressed as each application is assigned for review. Also, the Institutes are continually assessing the adequacy of their structure for peer review, and as the nature, scope and numbers of prevention research applications change, appropriate modifications are being made in committee structure and composition.



8. Are models for health prevention programs transferable from one health field to another? If so, what successes have you had in adopting health prevention models to the alcohol and drug field?

To a certain extent some prevention strategies are generic. For example, many school-based prevention programs attempt to deal with student self-esteem, decision-making skills, and values clarification and thereby affect a wide variety of health-related behaviors. Specific information may be given alone, or as part of a broader educational program, on the consequences of smoking, use of alcohol and drugs, or sexual activity. While these kinds of programs have shown they can change attitudes, their capacity to affect alcohol and drug use behaviors has not as yet been convincingly demonstrated, although some combinations for certain age groups show promise.

However, promising prevention techniques are being developed through research. For example, smoking prevention approaches involving training junior high school students to resist peer pressure to smoke, creating an antismoking climate, providing youth with new coping mechanisms to deal with stress, and improving self-image to replace negative self-esteem due to lack of positive support from home have proven successful in preventing cigarette smoking. NIDA will emphasize these peer oriented strategies in its prevention research.

The National Academy of Sciences report referred to in my testimony suggests there are promising new developments in health education combined with mass communication principles which warrant further investment in experimental alcohol efforts in the use of this model.

Parent and family education designed to improve parent effectiveness, improve childrearing practices, and improve communications has been widely used in the prevention field. This approach shows promise in strengthening the family's capacity to prevent alcohol and drug abuse among youth and is receiving considerable support from NIDA.

9. What cooperation is there between the efforts at NIDA, NIAAA and NIH to explore the interrelationship between alcohol and drug abuse and other diseases?

The following are examples of cooperative efforts between ADAMHA's Institutes and NIH:

- o The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is coordinating with the National Heart, Lung and Blood Institute (NHLB) in the "Cardiomyopathies and Infectious Disease" program. NIAAA is the secondary funding agency in the support of research in areas related to alcohol-induced heart muscle diseases. Emphasis is placed on the development of animal models for these studies.
- o NIAAA is coordinating with the National Cancer Institute in the support of research in alcohol and cancer. The two agencies have put out an announcement to encourage the submission of research grant applications in the broad areas of epidemiological studies in alcohol-related cancer and basic research on alcohol effects on tumor development.
- o NIAAA in conjunction with NIDA is planning a workshop on American Indian Population and Alcohol and Drug Abuse to share current findings and explore research needs geared to this special population. The workshop will focus on heritable factors in susceptibility, resistance and risks for organ pathology unique to American Indians.

- o Because of the high morbidity and mortality of liver cirrhosis (5th leading cause of death in the United States), both NIAAA and the National Institute of Arthritis, Digestive Diseases and Kidney (NIADDK) are maintaining active research programs in this area. While NIAAA is focusing its research effort on the etiology and mechanism of alcohol liver cirrhosis, NIADDK is supporting research in the other aspects of cirrhosis.
- o NIAAA is cosponsoring with the Fogarty International Center as well as the NIADDK a symposium entitled "Isolation, Characterization, and Use of Hepatocytes" to be held at Indiana University in October. The use of hepatocytes in culture to study the metabolic effects of alcohol, drugs, and other hepatotoxic agents will be discussed in depth.
- o NIDA and NIH have cooperated extensively in exploring the interrelationship between drug abuse and other diseases. For example, NIDA has worked with NCI scientists in studying the potential carcinogens in marijuana smoke and have had joint research applications seeking to assess the effects of marijuana on cancer. Through the NIDA Addiction Research Center, we have a cooperative program with the National Institute on Aging. In the area of cigarette smoking, NIDA was the lead agency in a Secretarial initiative entitled

"Smoking and Behavior," which included the NIH. In addition, NIDA participates in a smoking and health program at the NIH. NIDA and the National Institute of Arthritis, Metabolism, and Digestive Diseases have a common interest in assessing the abuse liability of new drugs and in searching for new analgesics with low abuse potential. Finally, NIDA participated on the Interagency Committee on New Therapies for Pain and Discomfort and has been involved in a wide variety of ways with studies assessing the possible therapeutic value of certain abused drugs.

10. What will be the Institutes role in the development of model prevention programming that can then be disseminated to the States?

This is an area of high priority for the Institutes. As you heard in some of the testimony, the dissemination of information about prevention programming is an area of prime concern to the States. As I indicated, our emphasis throughout ADAMHA has been on knowledge development through research, model development, and evaluation; State and local capacity building; and dissemination of information to the field. Essentially we see our major prevention role as:

- o expanding the current knowledge base through basic and applied research;
- o funding prevention evaluation research;
- o disseminating effective prevention models to States and local communities, assisting States and communities in exchanging information on innovative practices they have developed, and disseminating health information to the public; and
- o assisting in the development of the capacity of States and local communities and the private sector to deliver and evaluate prevention programs more effectively.



11. What coordination is there between the Institutes and other Federal agencies in including alcohol and drug abuse prevention materials in other Federal health information campaigns?

For the most part, there has been excellent coordination between NIAAA, NIDA, and other Federal agencies with respect to the development of materials for prevention campaigns. For example, in the Office of Health Promotion campaign - Health Style: A Self-Test - both NIAAA and NIDA were involved in the development of questions concerning alcohol and drug abuse. Alcohol and drugs is one of the six health areas involved. NIAAA has also contributed to the current Healthy Mothers campaign, and, indeed, alcohol use is one of the health hazards dealt with in the campaign.

The ADAMHA will also participate in the newly established Health Promotion Executive Committee, co-chaired by Secretary Schweiker and the Assistant Secretary for Health, Dr. Brandt, regarding future coordination of health promotion materials.

12. Last week there were several news reports regarding a study on the "Content and Effects of Alcohol Advertising." Can you tell us a little about this study and the Administration's views on its findings?

Several caveats regarding the methodological limitations of the research should be noted. Respondents were not selected using random probability; thus, direct extrapolation of the data to the population cannot be made, and one must exercise caution in generalizing the findings to all young people. Second, the questionnaire and interview measures ask the respondents to report their knowledge, attitudes, and behaviors. Thus, these verbal responses should not necessarily be interpreted as observations of actual behavior. The design of these studies does not enable cause and effect to be inferred. Finally, this project is designed to examine a broad range of issues, and since the investigation probes unexplored territory, these findings should be regarded as suggestive and tentative rather than definitive.

The reporting of key findings is organized according to topical categories:

Alcohol advertising distribution and exposure

There is a substantial quantity of television beer commercials and magazine liquor ads. Ads on television attract greater attention than magazine ads. Exposure and attention is higher for adolescents than older adults. Thus, there is ample opportunity for alcohol advertising to influence the cognition, values, and behavior of the public, especially young people.

### Brand awareness and alcohol knowledge

The findings suggest that advertising may exert an influence on audience cognitions about various brands of alcohol.

### Images of drinkers

To a limited extent, the audience forms images of drinkers that correspond to the generally attractive characters portrayed in ads. Seeing romantic or sexy or virile characters in ads prompts some people to think that the users of the advertised products share those attributes.

### Attitudes toward drinking

An extensive range of attitudinal measures is positively associated with exposure to alcohol advertising. Evidence indicates that advertising may contribute to the feeling that alcohol provides escape.

### Brand preferences

Evidence suggests advertising is generally successful in creating and reinforcing brand preferences, however, the degree of impact is moderate, and there are numerous cases when negative rather than positive change results from advertising.

### Youth drinking

Evidence from the field survey indicates that advertising may have an influence on drinking behavior during the adolescent years.

### Adult drinking

It appears that alcohol advertising exerts an influence on the frequency and quantity of adult alcohol consumption.

It should be noted that about half of these "adult" respondents are under the age of 21 and therefore legally prohibited from drinking in some States. To the extent that advertising encourages these underage persons to drink, the issues pertaining to youth drinking apply here as well.

#### Heavy or excessive drinking

Exposure to alcohol advertising is related to self-reports of excessive drinking behavior. There is also a positive association between exposure and reported problem drinking.

#### Drinking and hazardous activities

The results suggest that alcohol advertising affects attitudes and behavior regarding drinking in the context of driving, but not for other hazardous activities. Several implications can be drawn from these findings. It does not appear that advertising directly encourages drinking/driving.

#### Responses to selected advertising appeals

Evidence on this diverse set of issues indicates that there is some cause for concern about responses to certain types of advertising appeals. Compared to adults, adolescents seem to be more influenced by ads that use celebrity endorsers, sexy models, and youthful looking characters, but they are less likely to believe dubious claims. Endorsements by athletes or entertainers seem to make a significant impact on young people in the sample who are impressed with these celebrities.

13. How will the Institutes work with organizations such as NASADAD to insure that technology transfer occurs and the most up-to-date information is transferred among States? Also, how will the Institutes be able to report the statistics of State efforts in prevention and treatment?

Each Institute has already been working with the various national organizations that represent State and community interests, in order to assure that ADAMHA may further refine its national leadership role, especially related to technology transfer. At the request of the National Governors' Association and the National Conference of State Legislatures, national conferences for training and the exchange of ideas have been held and are being discussed. These organizations have expressed their interest in working with ADAMHA in other ways as well, e.g., via the use of newsletters, computer capabilities, expert consultants, and the like. The National Association of State Alcohol and Drug Abuse Directors has expressed its interest in working with ADAMHA on a variety of voluntary data collection and technology transfer activities. In addition, the Institutes are currently restructuring themselves in a manner consistent with their reduced resources and altered legislative mandates, and specifically in order to provide greater focus on technology transfer.

With respect to the gathering of statistics on State prevention and treatment efforts, the Institutes will be working with the States to revise their data systems, with a focus on reduced respondent burden and the voluntary submission of data. These efforts, in response to expressed interest by States in establishing model data standards and in voluntary data sharing, are currently underway and will require extensive work and interaction with State agency personnel.



14. The National High School Senior Survey has been criticized for polling the survivors of the drug scene. Since often students heavily involved with alcohol and drugs do not become high school seniors, can you respond to this criticism that the survey is not really an adequate indicator?

The contention that the National High School Senior Survey polls only the survivors of the drug scene is accurate. The fact that students who are heavily involved with alcohol and drugs may drop out of school before they reach senior level status does pose real problems in terms of completeness of the results. The real issue is not that the Senior Survey is inaccurate or misleading; rather, it is conservative in its estimates. Since less than 20 percent of the eligible high school students drop out of school, at maximum, the statistics obtained from our survey should be increased by no more than 20 percent. Further, it is quite unlikely that all 20 percent of dropouts are drug users; however, a study now underway is aimed at determining the relative percentage of drug users among the dropouts. NIDA also conducts a Nationwide Household Survey which "captures" children from ages 12 years and older. These youth are not necessarily in school; however, they must be living in a household in order to be eligible for inclusion in the survey. Data from this survey is generally consistent with data from the Senior Survey and gives us assurance that the percentage of underestimation (conservatism) from the Senior Survey is quite small (under the 20 percent dropout rate) based on correlation of these two data bases.

15. What mechanisms are in place to insure that the publications put out by the Institutes are the most accurate up-up-date information available?

Each Institute strives to keep publications as up to date as data and the state of the art permits.

In some information categories, the Institutes have ongoing survey and reporting efforts which are performed by contractors or grantees and which form the basis of a continuously updated data base (for example, the Drug Abuse Warning Network). This data is then analyzed, published and made available to the field on a regular basis.

Other information comes from the result of recent research (whether or not such research was directly funded by an Institute). This information, which is very current, usually represents the state of the art in a particular subject area and is published either individually or in collection with other papers on the same or similar topics. Each Institute maintains an information clearinghouse which maintains a bibliography of recent publications and is available to process information requests of both professionals and the general public.

NIAAA has an internal policy review group consisting of senior staff who review all publications to insure that they accurately reflect the latest research findings. Reprints are reviewed by senior staff of the National Clearinghouse for Alcohol Information and revised or updated with the concurrence of the Institute Director.

The NIDA, Office of Communications and Public Affairs (OCPA), has been reviewing and updating its public information materials since 1979. In 1981, NIDA/OCPA established a formal process in order to continue to insure the dissemination of up-to-date and appropriate publications for its primary target audiences. Part of this formal process will include the opportunity for relevant outside organizations to comment on our plans for reprinting, revising, and discontinuing publications.

16. What mechanism is there for notifying the Single State Agencies that publications on their shelves are outdated?

Each Institute strives to keep State Agencies concerned with drug and alcohol abuse abreast of both the latest policy and procedure publications, as well as new program and scientific publications. State Agencies receive supplemental information on relevant Federal guidelines and procedures as they become available. These publications indicate the older publications which they either supplement or replace.

In addition, one copy of each new program or scientific publication which arrives at an Institute's clearinghouse is automatically sent to the director of each State Agency. Updated publication lists are also forwarded as a matter of routine. Many State Agencies have their own information clearinghouse functions which are in turn tied into the Institute's clearinghouse function.

The State Agencies are notified when new or updated materials are made available. Were materials to become outdated, they would not be reprinted and have become unavailable for further distribution.

Senator HUMPHREY. The next panel is comprised of Dr. John Severinghaus, who is associated with Project Cork at Dartmouth College; Mrs. Gayle Judd, the president of the Utah State PTA; Mr. Jerry McCord, associated with the South Carolina Commission on Alcohol and Drug Abuse; and Mr. Gordon Steinhauer, National Council on Alcoholism.

Good morning. Why don't we begin from your right with Mr. Steinhauer, and if you can, I would appreciate it if you could summarize your testimony.

I will leave it up to you, whatever you feel is necessary, but bear in mind that there are other eager beavers who want to be heard this morning.

Mr. Steinhauer.

**STATEMENT OF GORDON L. STEINHAUER, NATIONAL COUNCIL ON ALCOHOLISM, INC.; JOHN M. SEVERINGHAUS, EXECUTIVE COMMITTEE, PROJECT CORK, DARTMOUTH COLLEGE; GAYLE K. JUDD, PRESIDENT, UTAH CONGRESS OF PARENTS & TEACHERS; AND WILLIAM J. McCORD, DIRECTOR, SOUTH CAROLINA COMMISSION ON ALCOHOL AND DRUG ABUSE, A PANEL**

Mr. STEINHAUER. Thank you, Senator. We have prepared a written statement that we have submitted for the record, and I will try to summarize those comments.

Senator HUMPHREY. Fine.

Mr. STEINHAUER. Let me start by saying that my name is Gordon Steinhauer.

Senator HUMPHREY. Excuse me; I am sorry to interrupt you. Will you pull that microphone in close, please?

Mr. STEINHAUER. Closer to me?

Senator HUMPHREY. Yes. You are pretty tall; maybe if you bend it up, that will help.

Mr. STEINHAUER. Is that better?

Senator HUMPHREY. Yes.

Mr. STEINHAUER. My name is Gordon Steinhauer. I am from Lansing, Mich., and I think perhaps my most prestigious credential is that of volunteer. I have been a volunteer in the alcoholism area with local programs, with State programs and national programs, and I am here today representing the National Council on Alcoholism.

I first would like to bring you greetings, Mr. Chairman and members of the committee, and as an aside point out my personal pleasure that Senator Don Riegle from Michigan is a member of this very important committee.

Senator HUMPHREY. Yes, indeed, he is the ranking member and a man whose skills are much appreciated on this committee.

Mr. STEINHAUER. I want to make a brief comment about the National Council on Alcoholism. We are comprised of really thousands of volunteers throughout the country who are working to reduce the stigma of alcoholism as a disease and to bring public and private resources to bear upon needed programs in prevention, treatment and research.

We are the only national voluntary health agency founded to combat the disease of alcoholism. Before summarizing the testimo-

ny, I would like to take another personal aside to bring you greetings, Mr. Chairman, on behalf of Mr. Delasandra from your home State, who asked that I convey his greetings to you and to thank you for assisting them as a speaker in their statewide conference last fall. The contribution you made was not only generous, but very helpful, and they asked me to convey that greeting to you.

Although tremendous progress has been made in this country's attempts to do something about alcoholism in the last 40 years and millions of lives have been saved as a result of treatment, rehabilitation, and self-help programs, the morbidity and mortality related to alcoholism and alcohol abuse continues.

As previous witnesses have pointed out, the most recent Government report assesses the annual cost of alcoholism and alcohol abuse to this country at \$49 billion. Adjusted for inflation, this total is much greater.

Natalie Wood and William Holden were celebrities who were loved by many of us. Today, they and their families represent statistics—an evidence of the fact that in spite of our successes in establishing a system to treat and care for alcoholics, problems persist related to alcoholism, and alcohol misuse. Fortunately, there are other statistics that relate to celebrities such as Gordon McRae, Dana Andrews, and Betty Ford, which indicate that some progress has indeed been made and some success.

The National Council on Alcoholism believes that greater national attention needs to be placed upon prevention of alcoholism and alcohol-related problems through a number of measures, including research into the causes of alcoholism. Programs which could be taken by the Federal Government and the community is a leadership role that the Federal Government can provide.

It is critical that the national campaign to inform the public of the potential health hazards associated with alcohol abuse be continued. NCA is working toward these goals through our own prevention and education and public information programs. However, we believe that efforts are also necessary if we are to effectively curb the serious problems facing us today.

There are a number of examples of effective Government efforts in the past, including the development of model programs and research in the fetal alcohol syndrome area. Another example of a viable Federal activity important to me is the public education campaign developed by NIAAA. I am pleased to say that this is being implemented with the help of a large number of public and private organizations, including the National Council on Alcoholism.

NCA strongly supports the continuation of NIAAA as the primary focus for Federal research and public information as they relate to the prevention of alcoholism and alcohol abuse. I want to take this opportunity on behalf of NCA to offer our strong support for the administration's proposal for alcohol research in fiscal 1983, which includes an emphasis on prevention. This budget and the broad range of studies which it includes holds tremendous promise for finding the answers to our questions about prevention.

Investigations into biological causes of the disease and the relationship of alcohol and other major health problems are critical. We cannot turn our backs on studies into ways to effectively identi-



fy and reduce alcohol-related problems, such as the effects of alcohol on the unborn, drinking and driving, and excessive drinking by young people.

The Government must retain the capability to translate research findings into meaningful solutions to problems that are found at the community level, and communicate these solutions effectively and broadly.

In this regard, I would be remiss if I did not convey some concern for the impact of the recent budget cuts on the ability of NIAAA to continue these critical tasks.

Senator HUMPHREY. Excuse me, Mr. Steinhauer. We have a vote underway and I just barely have time to make it. I am going to have to interrupt you at this point and recess the subcommittee for about 10 minutes until I come back from the vote. I am sorry.

[Whereupon, a brief recess was taken.]

Senator HUMPHREY. Before I ask Mr. Steinhauer to resume, I just want to make the announcement that Senator Hatch is going to be unable to attend. He had hoped to have the opportunity of introducing you, Mrs. Judd, but he is at the Judiciary Committee and cannot come.

Mr. Steinhauer.

Mr. STEINHAUER. Thank you, Senator. I was commenting on some of the concerns and recommendations that NCA has included in its testimony that I wanted to highlight in this brief verbal portion, one of these being that NCA suggests that this committee consider holding public hearings on the recent report of the National Academy of Sciences entitled, "Alcohol and Public Policy: Beyond the Shadow of Prohibition."

This report presents an opportunity for public consideration of the merits of broad general measures and prevention policies, including legal and environmental approaches. These may be plausible for the prevention of a wide range of possibly alcohol-related problems.

In addition, NCA expresses its concern that the cuts of the NIAAA will curtail uniform data collection. These are efforts that have been initiated by NIAAA, as well as the training of medical professionals and the dissemination of professional information.

NCA states its unequivocal position, in agreement with the Surgeon General's advice to women, not to drink at all during pregnancy. We called for continued national attention to prevention strategies for special target groups, including minorities.

We would ask for a report on the activities in prevention and intervention being conducted by the States under the new alcohol, drug abuse, and mental health service block grants. We call for the development by NIAAA of improved methods of evaluation of State and local prevention efforts, and we are concerned that there appears to be no strong focus for prevention organizationally within NIAAA.

NCA is anxious to work with Federal and State Governments in the accomplishment of these important goals. There are many examples of successful cooperation in the past, especially at the Federal level.

NCA is working with NIAAA to implement a new public education campaign, as well as to coordinate its implementation with a

campaign being conducted by the National Council on Alcoholism and the Advertising Council.

Specifically, at our State level in Michigan, we have a strong working relationship between the State alcohol authority and our affiliate, and our affiliate has now taken over the responsibility for the dissemination of public information as it relates to alcoholism. I think from almost all measures, this has been successful, and points to the strength of a partnership and coordination between Government and the voluntary sector.

Perhaps a single statistic that will attest to this is the fact that since the voluntary sector has taken over the distribution of the literature, the amount has tripled in literature being disseminated.

These are brief comments, and meant to just give some flavor to the written testimony we have provided for you. In closing, I would like to thank you for the opportunity to testify this morning and express appreciation for the work that the subcommittee is doing in having hearings of this nature.

There is much work to be done, and on behalf of the National Council on Alcoholism, I want to assure you that we will not turn our back on any issue which pertains to the health of our Nation as related to alcoholism and alcohol abuse, including this necessary, complex issue of prevention, and we welcome a partnership with all levels of government to achieve our common goals.

I appreciate again the opportunity to be with you this morning, and I would be glad to answer questions. There are members of the NCA staff here who would answer questions, also.

[The prepared statement of Mr. Steinhauer follows:]

**National  
Council  
on  
Alcoholism**  **inc.**

Testimony of

Gordon L. Steinhauer

on behalf of the

NATIONAL COUNCIL ON ALCOHOLISM, INC.

concerning

"Prevention Issues in Alcoholism and  
Recommendations Concerning Federal Prevention Activities"

before the

Subcommittee on Alcoholism and Drug Abuse

United States Senate

February 24, 1982

## NATIONAL COUNCIL ON ALCOHOLISM

Summary of Major Points of Testimony by Gordon L. Steinhauer

February 24, 1982

1. There is a greater need for national attention to the prevention of alcoholism and alcohol-related problems.
2. NCA Supports the continuation of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as the primary focus for Federal research and information programs as they relate to the prevention of alcoholism and alcohol abuse.
3. Recommendation that the Subcommittee on Alcoholism and Drug Abuse hold a hearing on the recent report, Alcohol and Public Policy: Beyond the Shadow of Prohibition, National Research Council, National Academy Press, 1981.
4. Concern over the impact of recent budget cuts on national prevention efforts.
5. NCA strongly supports the U.S. Surgeon General's advisory on drinking and pregnancy.
6. Concern over the lack of focus for prevention activities within the structure of NIAAA.
7. The need for a multi-faceted approach to alcoholism and alcohol-abuse prevention through research.
8. Strong support by NCA for the Administration's proposal to increase alcoholism research appropriation to \$32.9 million in FY 1983.
9. Concern over composition of initial grant review groups to assure priority for prevention research.
10. Recommendation to increase priority for prevention as a percentage of total research budget.
11. Need for improved evaluation measures.
12. Need for integration of alcoholism and alcohol information into other health promotion and information campaigns.
13. Concern over elimination of alcoholism and alcohol abuse prevention program for Federal employees; call for Subcommittee hearing.
14. Need for continued national attention to prevention strategies for special target groups, including minorities.
15. Concern over lack of uniform national data collection on alcoholism and alcohol abuse.
16. Concern over failure of Administration to implement National Commission on Alcoholism and Other Alcohol-Related Problems.
17. Concern over need for 1983 appropriation for NIAAA to achieve prevention research objectives.
18. Call for a report of prevention expenditures under ADM block grant.

The National Council on Alcoholism (NCA) is pleased to have the opportunity to present testimony to the Subcommittee on Alcoholism and Drug Abuse concerning prevention issues in alcoholism and alcohol abuse.

NCA is a national voluntary health organization founded in 1944 to promote public awareness of alcoholism as a treatable disease and as a public health responsibility. NCA is comprised of a nation-wide network of local voluntary councils on alcoholism, and is governed by a volunteer Board of Directors.

NCA is not a treatment agency, and we do not receive any Federal funds; yet NCA volunteers and staff work cooperatively with all of the elements in the alcoholism field -- private industry, treatment providers, self-help groups for alcoholics and their families, national health and voluntary organizations, and Federal, state and local governments. NCA is an organization of volunteers, working to bring about greater public awareness about alcoholism and alcohol abuse, to reduce stigma associated with the disease, and to bring public and private resources to bear on needed programs in prevention, treatment, and research.

For nearly forty years, NCA has participated in the struggle to improve the health of this nation through the identification and treatment of alcoholism. And this struggle has yielded remarkable success. Forty years ago, when few if any treatment resources existed, who would have imagined that today there would be broad recognition that alcoholism is a treatable disease; that there would be over 5,000 public and private alcoholism treatment units throughout the country, and 42,000 groups of Alcoholics Anonymous worldwide; that insurance coverage for alcoholism treatment would be available in nearly every State; that there would be an expanding program of public and private research; a national program headed by a National Institute on Alcohol Abuse and Alcoholism; and even an official U.S. Postage stamp bearing the message: "Alcoholism -- You Can Beat It!"

And yet the morbidity and mortality related to alcoholism and alcohol abuse continues. A recent government report has placed the annual cost of alcoholism and alcohol abuse to this nation at over \$49 billion annually, accounted for by health care costs, lost employment and productivity, motor vehicle crashes, crime, property damage, and loss of life. Natalie Wood and William Holden were celebrities who were loved by all of us. Today they and their families are statistics -- apparent evidence of the grim reality that alcoholism and alcohol abuse continue to take a major toll on our society.

Treatment for the alcoholic will always be a priority for NCA. We must defend against threats to treatment by seeking to eliminate financial barriers to care, and we must work to see that high quality and appropriate services are available for all segments of our population -- because treatment works, and the rewards for recovery are manifold. Gordon MacRae, Betty Ford and Dana Andrews are statistics too -- the statistics of the success being experienced by millions of Americans today.



However, treatment alone cannot be the only approach to this problem. From the standpoint of economics and public health, it is time for this nation to move beyond our tolerance for loss of life, injuries and illness as a result of alcoholism and alcohol abuse, and toward a policy of seeking to eliminate disease, promoting health and preventing alcoholism and alcohol-related problems.

#### Overview of NCA Prevention Activities

The National Council on Alcoholism pioneered the prevention concept in the voluntary sector. Its Prevention and Education Department was founded in 1974 to spearhead the growth of a national constituency which advocates not only for the treatment of alcoholism, but for a reduction in new cases of alcoholism and alcohol-related problems. We advocate multiple strategies for prevention, and urge our affiliates to develop prevention plans and to take advocacy roles in articulating prevention concerns in their communities. These plans include informational, educational and training components.

One example of an affiliate prevention effort is the Denver-based Mile High Council's all-volunteer five day school program. NCA is proud that the Council's Executive Director, Dick Kessler, was recently invited to the White House to present the program to Mrs. Reagan.

NCA also provides leadership in highlighting major thrusts for prevention activity. For example, because at least 17% of the teenage population appear to have problems with alcohol, NCA has had a major focus on youth education. Within that population, children of alcoholics are at a 25-50% greater than average risk of developing alcoholism. NCA was instrumental in adapting the designation of high risk groups from the health field for the alcoholism field in order to advocate an approach for working with offspring of alcoholics and other high risk groups such as the elderly, and women of childbearing age and those with medical problems, in order to identify them and to serve their special needs.

To address the concerns of these groups, NCA has recently developed two major training programs: The Fetal Alcohol Syndrome Training Project, designed to educate teenage girls about drinking, sexuality and fetal risks, and the Northwestern Bell Pioneers Alcoholism Education Program, designed to educate the retirees of the Bell Telephone Pioneers about their individual risk factors for the development of alcoholism.

NCA's prevention purview encompasses a broad range of efforts for many groups and concerns. Special program concentrations are devoted to women, minorities, the clergy, families and traffic and highway safety. Some of our contributions in these areas include:

- Drawing national attention to alcoholism and alcohol abuse problems among women
- Development of a Policy Statement on Fetal Alcohol Syndrome

- . Participation in the White House Conference on Families and development of recommendations to prevent alcohol abuse among young people.
- . Adoption of Guidelines for Drunk Driving Legislation
- . Joint programs with other national organizations on alcohol education and prevention, such as Planned Parenthood, Boys Clubs, American Red Cross, and Junior Leagues.
- . Participation in the White House Conference on Aging, and convening of a conference on alcoholism and aging.
- . Development of occupational programs for use by business and industry to curb alcoholism problems in the workplace

A recent achievement for NCA has been acceptance by the Advertising Council to conduct a major national public education campaign on alcoholism. The Advertising Council is a non-profit organization, supported by American business and advertising. The campaign will carry the message throughout the nation that alcoholism is a serious -- and beatable -- disease.

#### Prevention Concepts: An Evolution of Ideas

From its inception, NCA, like the field itself focused on the prevention of alcoholism through public education and efforts to raise public awareness about alcoholism as a disease that is treatable -- not a moral weakness to be stigmatized. It advocated that the community concern itself with the Nation's number one health problem and could not send the message -- that alcoholism is a treatable disease -- often enough. Education about the nature and course of the disease was used as a means of tertiary prevention to break the alcoholic's denial and help him into treatment. NCA also promoted secondary prevention, or intervention, the identification of incipient alcoholism problems before they get to a full blown stage. Its encouragement of occupational programs for employee alcoholism are an example of this.

NCA's efforts in cooperation with other public and private efforts have resulted in unprecedented success in improving the health of this nation through the identification and treatment of the disease of alcoholism. These accomplishments, as mentioned earlier, fill a long list. Because of this success, we have been able, over the last number of years to concentrate our educational efforts in the area of primary prevention and the prevention of alcohol related problems. The field has been able to help open the nation's eyes to a frightening and costly range of alcohol problems, all of which are related to alcohol consumption and misuse and which may or may not be related to the disease. In fact, individuals who suffer from the disease of alcoholism represent a small fraction of the national population whereas alcohol problems are pervasive, broadly based, and affect nearly every American.

The NIAAA commissioned publication, Alcohol and Public Policy, Beyond the Shadow of Prohibition, written by an expert panel of the National Academy of Sciences confirms precisely this point. In the study it states "... we discover something unexpected about the location of alcohol problems in the drinking population (p. 113) ... The problems associated with drinking are distributed rather broadly through the population of drinkers. It is true that the small proportion of the most troubled drinkers cause and suffer for more than their numerical share of alcohol problems; it is also true that if all the clinically diagnosable alcoholics were to stop drinking tomorrow, a substantial fraction of what we understand as alcohol problems would still remain. The general alcohol problem then, is more than what the standard view of 'alcoholism' suggests, because it affects many more of us than we are accustomed to believing."

The study views the treatment response to alcoholism as necessary but not sufficient to encompass the range of alcohol problems which take a human toll on our society. Because alcohol problems are found to be so broadly based and pervasive in our society, the Panel believes "they cannot be effectively approached, except through the broad general measures of the sort we have called prevention policies." They have advocated a combination of measures involving alcohol controls, legal approaches, and environmental intervention. More specifically, the study calls for:

- . An increased tax on alcoholic beverages
- . More stringent enforcement of drinking driving laws
- . Raising the legal age for a drivers license
- . Development of community wide public education programs which combine mass communication principles with training techniques to help people alter behaviors.

Although NCA has not adopted specific positions in these areas the report gives impetus to and reflects the growing influence and role that these controversial issues now play in the national dialogue on the prevention of alcoholism and alcohol abuse. This academic study mirrors a grass roots movement of parent action groups and citizen action groups, which have independently grown up over a short period of time. These groups advocate similar prevention approaches, including raising the minimum drinking age, and more stringent enforcement of drunk driving laws.

The ideas advanced in this study represent important opportunities for future research. NCA feels strongly that more publicly funded research is needed because the concepts are plausible although not proven. Because of the high quality of the study and potential for cost effective measures of prevention, and the need for the presentation of a variety of views on the issues, NCA recommends that the Subcommittee hold a hearing on the report.

### Accomplishments of NIAAA

The National Council on Alcoholism strongly supports the continuation of the National Institute on Alcohol Abuse and Alcoholism as the primary focus for Federal research and public information as they relate to the prevention of alcoholism and alcohol abuse.

In the years since its creation, NIAAA has developed important programs and research breakthroughs that have been the momentum for State, local, private sector and voluntary efforts.

Some examples of these are:

Model Programs on Prevention: NIAAA's Prevention Demonstration Programs, such as the Here's Looking at You Alcohol Education Curriculum and the CASPAR (Cambridge Somerville Program for Alcoholism Rehabilitation) Program, and the Replication project for these programs, have contributed to our understanding of the usefulness of school/community based alcohol education programs as prevention tools. Here's Looking at You, a program which combines alcohol information with educational theory to provide age appropriate increments of alcohol materials to match cognitive and affective levels of student development, is being replicated most successfully through the efforts of the NCA affiliate, the Ocean County Council on Alcoholism. While the programs have not been completely evaluated, they are considered to be very effective by school administrators and project directors, and preliminary results support the programs abilities to change attitudes and increase knowledge about alcohol. NCA believes that the capability of NIAAA to develop, and test prevention program models is critical to progress in prevention, and it is an important Federal function. We are concerned that efforts are now all but terminated as a result of budget cuts, and strongly recommend their continuation.

Public Information Campaigns: The NIAAA Public Education Campaign is an important effort to target prevention messages toward women and youth through the mass media. In design, the campaign is testimony to the positive impact federally sponsored prevention messages can have when supported by local campaign-related project activities. NCA affiliates throughout the country will participate in these local activities. Nationally, NCA has pledged its cooperation and support of this campaign as a means of solidifying and reinforcing its fruitful partnership with NIAAA. It is critical that NIAAA continue to develop public information campaigns to prevent alcoholism and alcohol abuse.

Research: A growing and secure body of knowledge concerning the effects of alcohol on the fetus sponsored by NIAAA lead the U.S. Surgeon General to issue an advisory warning women not to drink alcohol during pregnancy. Prior to this event and as a result, many States and local communities have sponsored campaigns to prevent fetal alcohol syndrome.

The National Council on Alcoholism strongly supports the position articulated in the Surgeon General's advisory. We maintain that until more information on the dangers of drinking and pregnancy is available, a woman should not drink at all during pregnancy.

In addition, NIAAA has in the past contributed to the building of state prevention capacity by the funding of 47 state prevention coordinators, a national prevention evaluation network and the National Clearinghouse on Alcohol Information. In the area of clinical training, activities such as the career teachers program have been extremely effective in the placement of alcohol education in curricula for graduate medical and social science education and an important preventive tool. And prevention training packages and informational materials have been developed by the National Center for Alcohol Education. NIAAA has also provided technical assistance to other Federal agencies concerning alcoholism and alcohol abuse, including a current project with the Health Resources Administration to add alcoholism to medical school curricula for schools of family practice. And, NIAAA provided funds to sponsor the National Academy of Science report, Alcohol and Public Policy: Beyond the Shadow of Prohibition, which will make a major contribution to the prevention dialogue in this country.

While NCA appreciates the need to reduce Federal spending, we would be remiss if we did not express our concern that recent reductions in NIAAA's staff and program capacity will have a detrimental effect on prevention efforts throughout the country. For example, termination of the national replication projects and prevention evaluation network will eliminate important prevention program and evaluation capacities. Termination of funds to continue national public media campaigns to prevent alcoholism and alcohol abuse in 1983 and beyond will prohibit a long-term commitment to national public information and prevention messages like the very excellent one which is being carried out this year. The National Clearinghouse on Alcohol Information, a critical outreach mechanism to the public as well as to the scientific communities, is slated to be reduced to roughly half of its original capacity in 1983, and the National Center for Alcohol Education will be terminated. Also, the career teacher program, which although funded as a training function is actually a critical prevention tool through its education of health care professionals, will be totally wiped out in 1983.

Additionally, NCA is concerned that in the proposed reorganization of NIAAA, there is no identifiable focus within the Institute for coordination of prevention activities and information. We feel that the organizational structure of NIAAA should reflect a higher priority for prevention so as to enhance coordination of efforts both within the Institute and among other Federal, state, local, private sector and voluntary agencies.

These kinds of critical national activities, which provide knowledge, sharing of information, and which cannot be performed by a single state or entity, are worth continuing. It is our hope that the Subcommittee will consider these activities in forging its policy recommendations for future Federal prevention and education programs.



#### Recommendations for Federal Direction and Priorities in Prevention

1. The National Council on Alcoholism strongly supports the continuation of the National Institute on Alcohol Abuse and Alcoholism as the primary focus for Federal research and public information as they relate to the prevention of alcoholism and alcohol abuse.

2. We believe that the most critical Federal function in prevention is to conduct high quality research in a broad range of areas relating to causes and remedies for alcoholism and alcohol-related problems.

Basic biomedical research is critical to our understanding of the causes of alcoholism and must continue at increased levels. There are a number of promising research trends which may one day provide the answers that we seek to questions of the development of alcoholism, such as possible hereditary links, the effect of alcohol on the function of cells and how that affects some people differently than others, how the nervous system function of alcoholics are affected differently than others by the intake of alcohol, body chemistry factors among alcoholics, and the potential for drugs to reduce or reverse alcoholism and alcohol-related problems.

But biomedical research alone will not provide the answers to all of the questions and problems posed by alcoholism and alcohol abuse in our society. For the effects of these problems are felt far beyond the human tissue to families and jobs, in general physical and mental health, in schools, and communities. NCA strongly believes that our national research program must reflect a multi-faceted research approach to these complex problems.

In July 1980, the Institute of Medicine of the National Academy of Sciences released a report detailing many opportunities for needed research in alcoholism, any of which will make an enormous contribution to our knowledge of these problems, and thus our ability as a nation, as States and communities, to prevent them. We strongly endorse the findings of this report, including its recommendation for dramatic increases in the funding of alcoholism research, in order to assure that the research program more nearly approaches the magnitude of alcoholism and alcohol abuse and their health and social costs to our society.

3. NCA wholeheartedly endorses and commends the Administration's proposal for research in FY 1983, which, if Congress appropriates the requested amount of \$32.9 million, will include scientific studies into the causes of alcoholism, environmental factors which contribute to alcoholism and alcohol abuse and a focus on prevention research. In addition to the continuation of basic research, studies would be supported for the development of basic techniques and principles to be used in the prevention of specific problems that result from alcohol use. These are a critical part of the Federal effort. These should include, but not be limited to, options for prevention from a broad public health perspective, and specific studies on such issues as drinking and driving, alcohol abuse among the elderly, risk levels for pregnant women, the impact of drinking age on consumption, the impact of advertising and price on consumption, the relationship of consumption levels to alcoholism and alcohol problems, and identifying specific populations at-risk such as the children of alcoholics.

We note with concern that, while many of the studies proposed for 1983 may ultimately contribute to prevention strategies, the specific portion of NIAAA's research budget targetted for "prevention research" is less than 10% of the total budget. Congress now requires that States spend no less than 20% of the substance abuse services block grant allocation on specific prevention and intervention programs. We recommend that at least this same percentage for the Federal research effort to be focused on research into specific strategies and tools for prevention of alcoholism and alcohol abuse.

4. In order to assure that the Institute is able to embark upon a broad based program of research in areas including prevention, it is critical that the composition of the Initial Grant Review Groups (IRG) at the Institute be carefully scrutinized to be sure that prevention grant applications are not screened out by a review group whose experience and expertise are not in the prevention area. To accomplish this, we recommend that the Institute consider the establishment of a separate IRG for review of prevention grants, or at a minimum, the inclusion of professionals knowledgeable about issues in alcohol abuse and alcoholism from the community prevention perspective.

5. Evaluation of Prevention Activities, including Prevention Demonstration Programs and Replication Programs is critical to our understanding of whether our prevention theories and our programs to carry them out impact their target audiences in the desired way. However, there has been little systematic monitoring of programs which yields valuable information. The problems are manifold: the pitfalls of operationalizing program objectives into measurable variables; the weakness of using measures of knowledge and attitude change for indicators of behavioral change; there is an absence of standardized instruments for reporting drinking behavior. Yet programs need scientific evaluation research which prove their effectiveness if our efforts in the prevention of alcohol abuse and alcoholism can be taken seriously.

The development of evaluation technology for prevention is an important Federal responsibility, for experience has shown that State and local agencies have assigned a very low priority to evaluation and development of evaluation techniques. We look to the Federal government for leadership in this area. The Federal government should refine techniques used to evaluate alcohol prevention programs and encourage their inclusion in any consideration of new programming through materials developed in this area.

6. The National Academy of Sciences Report on prevention policy suggests that the alcoholism field import prevention approaches found to be effective in other health fields. Specifically, the report refers to the Three Community Study of the Stanford Heart Disease Prevention Project which supplied evidence that health information and training programs used in combination can be effective in

reducing health damaging behaviors. In this case, the smoking behaviors known to contribute to heart disease were greatly modified.

NIAAA should study approaches found to be effective in other health fields, and adapt them when appropriate for use in prevention of alcoholism and alcohol-related problems. These should be supported by media experts and concentrated training efforts for use by the community.

Alcohol and alcoholism information and education should not only be delivered discretely, but should also be combined with other health information campaigns aimed at specific target audiences and concerning illnesses which have been shown to be related to alcohol use. These include heart disease, birth defects, certain types of cancers, and intestinal disorders. Courses on smoking cessation and maternal health should be encouraged to include alcohol and alcoholism information in their curricula. Better integration of alcohol information into other health promotion efforts will broaden the audience which gets the message. NCA applauds the HHS Departmental objectives for their inclusion of goals related to reducing health problems related to alcohol use.

7. NCA believes that school-based programs on alcohol education are an important adjunct to strategies to prevent alcohol abuse by young people. Historically, Federally sponsored efforts at school education and curriculum development have lacked coordination with State and local agencies devoted to alcoholism prevention and treatment. This underscores the value of community-based program approaches to prevention. We believe that the Federal role in model program development for school-based education on alcohol is an important one, but the responsibility for implementation should be left to the community.

8. NCA is concerned that one result of reductions at NIAAA will be the elimination of treatment and program data collection capability at the national level. Although a data collection system is being planned, it will be a voluntary one. HHS has never issued any reporting formats in conjunction with the alcohol, drug abuse and mental health services block grant. The collection of accurate data on the characteristics of clients entering treatment for alcoholism and alcohol abuse, and their experiences during and after treatment, is critical for the design of effective prevention strategies, as well as Federal, State and local policies on treatment.

Whatever the Administration's intent, the absence of data on characteristics and prevalence of alcoholism and alcohol abuse will not erase these problems from our society. We are concerned that these critical functions be maintained at the Federal level, and required of the States in accordance with the law.

9. By not requiring State reporting under the alcohol, drug abuse and mental health services block grant, we are also losing an important opportunity to assess the value and use of the 20 percent of those substance abuse service dollars which must be earmarked for prevention.

NCA believes strongly that it is a public responsibility to monitor the use of those prevention dollars in accordance with the law. Without monitoring and reporting, there is not incentive and impetus for States to comply with the priority for prevention as assigned by Congress. We realize that this Subcommittee did not initiate the idea of earmarking of any kind within the block grant. Nonetheless, with limited Federal dollars available, and the need to impose a prevention priority, we ask this Subcommittee to require a report on the use of prevention dollars by the States as required in the block grant legislation.

10. Another important opportunity for information and policy development related to the prevention of alcoholism and alcohol abuse is in the mandate given to the National Commission on Alcoholism and Alcohol Related Problems. NCA is concerned that the National Commission though enacted by law, and though subject to a directive from the House Appropriations Committee for funding, has not been carried out. We urge inquiry in this matter by this Subcommittee, and suggest that an important opportunity for study of prevention as well as treatment and research issues will be lost if this Commission is not implemented in accordance with the law.

11. Public Law 91-616, the Comprehensive Alcohol Abuse and Alcoholism Prevention and Treatment and Rehabilitation Act of 1970, requires that the Office of Personnel Management "shall be responsible for developing and maintaining ... appropriate prevention, treatment and rehabilitation programs and services" on alcohol abuse and alcoholism for Federal employees.

And yet the OPM, in apparent contradiction of this law, is abolishing as an identifiable organizational unit its alcohol and drug abuse program, and eliminating the staff positions.

NCA is deeply concerned that this action, coupled with the recent elimination of a specific alcoholism treatment benefit for Federal employees covered by Blue Cross/Blue Shield health insurance plan will establish a dangerous precedent for disregarding Federal policy and for the health of American workers.

NCA strongly urges the Subcommittee to examine, in a public hearing, the impact of these actions as they relate to alcoholism and alcohol abuse prevention and treatment services and programs for Federal employees.

12. NCA believes that there is a continued need for national attention to specific prevention strategies for special target groups, including minorities, and that this is a needed Federal responsibility. The research and information dissemination activities of NIAAA must be monitored to assure that these considerations are maintained as part of our national focus.

### The Role of the Voluntary Sector

The voluntary sector has and will continue to play a very important role in the prevention of alcoholism and alcohol-related problems. We see our role as one of partnership with Federal and State government, as well as with other national organizations, and there have been some very good examples of this. Our cooperation with NIAAA in the implementation of its prevention campaign, as well as coordination with our own Advertising Campaign is one example of how this relationship has worked at the national level.

The State of Michigan is an excellent example of state level cooperation between government and the voluntary sector. On the basis of a mutual agreement with the State Office of Substance Abuse Services, the NCA-Michigan operates a statewide clearinghouse on alcohol information. We are proud to note that when NCA assumed responsibility for the program, distribution of materials nearly tripped throughout the State, through more efficient operation and the all-important use of volunteers.

NCA applauds the President's concern for greater voluntary and citizen responsibility in solving our nation's health and social problems. The voluntary sector has the responsibility and the commitment to develop a national constituency for the prevention of alcoholism and alcohol-related problems, for the dissemination of information and program ideas, for advocacy and discussion of prevention policies and for interface with other private and voluntary health organizations. It is a responsibility that we embrace and will seek to increase in the years ahead.

But we know that the voluntary sector alone cannot hope to steer this country toward more rational, healthy and safe attitudes and better understanding of alcoholism and alcohol abuse. There is a critical role for the government to play in knowledge development, information dissemination, collection and analysis of uniform data, education of health care professionals about alcoholism, services to Federal employees, and national leadership.

In closing, NCA thanks the Subcommittee for its interest in these important issues relating to prevention. In particular, we thank the Chairman for his advocacy for alcoholism programs in the complicated authorization and appropriations process of this last year. The Chairman and members of the Subcommittee have NCA's strong support in efforts to obtain an appropriation of funds for NIAAA's research program in FY 1983. We know you share our delight that the Administration has requested a much-needed and long-overdue increase in the appropriation for alcoholism research, totalling \$32.9 million in FY 1983.



NCA and our volunteers know, as do you, that unless we are able to obtain a regular appropriation of funds for 1983, the opportunity for progress in prevention and treatment will be nothing more than a faint hope. NIAAA has not had a regular appropriation of funds in years. We cannot tolerate this ambivalence on the part of Congress to the funding of alcoholism research programs any longer, and know that we can count on the support of members of this Subcommittee toward the goal of stabilizing this valuable national program.

Thank you.

Senator HUMPHREY. Thank you, Mr. Steinhauer, for that excellent statement. Again, I apologize for the interruption.

Dr. SEVERINGHAUS, good morning.

Dr. SEVERINGHAUS. Good morning. Thank you for the opportunity to attend this hearing. I bring greetings from northern New England where we are having a very successful winter season, but where the effort of digging out from under that success is beginning to take its toll.

Senator HUMPHREY. I well know. In fact, I was in Hanover on Friday, I think it was, or one day last week.

Dr. SEVERINGHAUS. Since I approach this subject from a rather specific perspective, I think in the spirit of full disclosure I should mention briefly my experience in this field.

My training is in internal medicine, but I have been working and teaching full time in the field of alcoholism since 1975. Prior to working at Dartmouth Medical School, I was the NIAAA-funded career teacher in alcohol and drug abuse for Columbia University, College of Physicians & Surgeons in New York City. I am also a founding member of the executive committee of the Association for Medical Education and Research in Substance Abuse. I trust that will be sufficient to make both my background and my biases in this particular matter clear.

Senator HUMPHREY. Yes.

Dr. SEVERINGHAUS. I have been invited to speak this morning specifically to represent Project Cork, the alcoholism education project at Dartmouth Medical School. I have been asked to provide some information about Project Cork itself and to discuss the relationship between medical education, our experience in the project, and the issues of prevention which are under discussion here.

I have tried to pare my written testimony down to a reasonably small amount and still cover the specific topics that I was asked to discuss.

Project Cork was initiated 4 years ago with funding from Operation Cork, a program of the Kroc Foundation which has supported a variety of endeavors in the general area of alcoholism and alcohol education.

The goals were, first, to develop a model curriculum for alcoholism which could be integrated effectively into medical education in an established curriculum; and, second, to conduct this project as an experiment in medical education and curriculum change.

Although it was launched from the Department of Psychiatry, the Cork curriculum effort has involved participation from most of the major departments in the medical school. This was important to the goal of integration of the curriculum, as opposed to a separate add-on course approach.

If information on alcohol problems in medical school, as in many other situations, is relegated to a separate course, piggybacked onto an otherwise integrated curriculum, I believe it clearly labels the field as a side issue for the medical profession—or for any other field where it is presented in that fashion—thus, the project's concern that each major department or course carry its appropriate share of the teaching burden.

The Cork Resource Center was launched early in the life of the project and has become a crucial support to its teaching activities.

It is aimed at serving the specific needs of medical education in this area, and houses a collection of books and reprints selected for this purpose, and maintains a computerized bibliography of references by topic area.

The Resource Center has permitted rapid response to the alcohol information needs of the entire Dartmouth medical community and has greatly enhanced the academic credibility of this field at Dartmouth.

In addition to curriculum development and evaluation, the project staff members have been involved in the production of curriculum materials funded by Operation Cork. Films produced include "Our Brother's Keeper," an hour-long dramatization of the problems of an alcoholic physician, and a series of films for the teaching of specific clinical skills important for the physician in dealing with alcoholism.

A series of slide packages of alcohol-specific information in the major medical science disciplines is also under development. Three of these packages are now complete and available.

Funding for the project as a whole was completed as planned at the end of the 1981 calendar year. There is continued temporary funding from Operation Cork for partial support of the Resource Center and for completion of the remaining slide packages.

Most of the curriculum modifications made are now ensconced in the major courses for which they were designed and will likely continue there, despite the end of project funding. Some continued improvements should remain possible, since the project has had some success in forming a cohort of alcohol-concerned faculty. Their interest now goes beyond the appeal of foundation funding.

How will the information and experience that we have accumulated be disseminated? I think there are a variety of avenues for this. The staff and faculty will continue to be involved in educational endeavors for the health professions outside the confines of Dartmouth Medical School.

The Resource Center, which has been contacted by more than half of the Nation's medical schools in the past 4 years, will continue to be available to other schools, although we will have to now charge some fees for that service with the change in funding.

The films and slide packages are now commercially available and have, in fact, been purchased by a great many medical education programs. In addition, we are embarking on a project with a private publisher to produce informational literature for patients, designed to be useful in the routine practice of primary care medicine.

The major concern of this hearing, of course, is the relevance of these endeavors to the prevention of alcohol-related problems, so let me turn to that topic.

As Dr. Mayer pointed out in the earlier panel, prevention questions are divided into two general categories: Prevention of alcohol-related problems for the entire population, and prevention of alcoholism, the major illness. While my written testimony includes some thoughts on the former area, the latter is more clearly related to medical education and I will confine my verbal remarks here to that area.

Medical education can be quite specifically relevant, I believe, to the prevention of alcoholism and major, recurrent alcohol problems of heavy drinkers. While it is possible that we all carry some unknown risk of developing alcoholism—personally, I believe that to be true—it is still true that less than 10 percent of the adult population actually does so. It is also true that many of those developing alcoholism come from definable high-risk groups.

Many have suggested that a most efficient approach to primary prevention is to target efforts at these high-risk groups and individuals. For any effort more sophisticated than simple public education, I submit that health care facilities, whether in work environments, public institutions or the health care field at large, are, in fact, among the few contact points for most people in which alcoholism risk factors may be not only detected, but where individuals may be made effectively aware of them at the time of the detection. I emphasize again that this can include primary prevention opportunities, in addition to the implied secondary prevention gains of earlier diagnosis and intervention.

Now, what is needed for physicians and other health care professionals to be constructive in this effort? I think certainly better validated diagnostic tools for both risk and actual illness, a goal of the current NIAAA research budget, will be useful.

However, while I do not wish to discourage the research programs planned in this area, I believe that simply developing and making such tools available to practicing physicians will have little impact on physician interventions, unless supported by a stronger basic medical curriculum in alcoholism.

To provide a simple comparison, basic knowledge and skills in the field of cardiology are widely distributed and widely considered to be important by the medical profession as a whole. New diagnostic tools for primary care in this field can be introduced with reasonable expectations that they will be utilized properly. I think no such situation exists yet in the alcoholism field. In fact, a great many physicians, unfortunately, have little idea of how to proceed with obvious cases of alcoholism in their practice, much less with more subtle ones.

One aspect of the student evaluation at Project Cork demonstrated this point clearly. It began as a detection study where we sought to compare students' diagnostic perceptions of alcoholism with standardized measures that have been accepted by the field, and also with the diagnosis of the graduate physicians and attending staff involved with the same patients.

We were surprised to find, in fact, that compared to our standard measure, everyone did pretty well at recognition. On the other hand, the rate of specific intervention was distressingly low. In many cases, patients simply got no feedback or genuine discussion of alcohol problems from their physician.

In other words, there seemed to be, at least in this situation, relatively few hidden alcoholics. There were many obvious cases where the medical staff apparently just did not know how to proceed. I doubt seriously that uncovering a few more patients with better diagnostic tools will help to make physicians more skilled at dealing with the patients they have identified.



The fact is, in the present state of the art, dealing effectively with alcoholic patients or even with alcohol risk issues requires some basic interactive skills which are not uniformly taught or even considered in all medical curricula.

In fact, at Dartmouth, when Project Cork added an experiential program to one of the rotations specifically to address this problem, the students' most frequent comment was, "Why doesn't anybody else teach us this sort of thing?"

There may be grounds to feel that with improvements in medical education in alcoholism in recent years that this problem of knowledge base will be taken on by the bulk of medical schools as a fundamental responsibility and addressed adequately, so that public funding need no longer be concerned with support in this area.

Secretary Schweiker's budget message of February 8 seems to take this view on the elimination of clinical training in mental health, but makes no comment on similar actions taking place now in alcoholism. I am confident that such a position would, in fact, be naively optimistic for the alcoholism field.

I am concerned that withdrawal of support at all levels for medical education in this area is quite possible and will lead to significant reversal of some of our recent accomplishments.

I have spoken of some of the success enjoyed by Project Cork at Dartmouth, but I have to acknowledge that what we have achieved is far from the ideal curriculum that was envisioned when the project started. Even with the integration of many pieces of curriculum into the mainstream, the continuation of these efforts depends heavily on the commitment of a cadre of concerned individuals developed during the project, rather than on a broad-based commitment of the medical school to cover this knowledge area thoroughly for its students. This has been the case even with quite generous private funding not available to many institutions. To the best of my knowledge, it has been the case with many of the publicly-funded programs that have supported medical education in this area.

Certainly, a number of medical schools have developed effective alcoholism education programs, and the mass of reasonably prepared graduating physicians is growing. I think it would be foolish, however, to assume that adequate basic training is widespread enough that prevention or other efforts can be built upon it without further support of that basic structure.

I cannot say at what level the clinical training appropriate to support prevention efforts can most effectively be placed. My personal bias is that we should begin at the beginning in medical school and at the beginning of training for other health professions.

I do know that if physicians and other professionals are to function in any way as effective prevention supports and even agents, basic clinical training will still be needed, and it is not going to take care of itself.

Thank you very much.

[The prepared statement of Dr. Severinghaus and questions with responses follow:]





# Project Corko

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February 24, 1982

Testimony of

John M. Severinghaus, M.D.

Project Cork Executive Committee

Hon. Gordon J. Humphrey, Chairman  
Subcommittee on Alcoholism and Drug Abuse  
Committee on Labor and Human Resources  
United States Senate

Mr. Chairman:

Thank you for the opportunity to attend this hearing; it is a pleasure to address your committee on the subject of prevention of alcohol abuse and alcoholism.

Since I approach this subject from a specific perspective - that of medical education - let me review briefly for you my background and experience in this field. I am presently Assistant Professor of Medicine and Psychiatry at Dartmouth Medical School, in Hanover, New Hampshire, and Director of the Alcoholism Rehabilitation Program at the Veterans Administration Hospital, White River Junction, Vermont. My specialty training and certification are in Internal Medicine, but I have been working full-time in the field of alcoholism and other drug problems since 1975. Prior to my appointment at Dartmouth, I was the NIAAA-funded Career Teacher in alcohol and drug abuse education for the College of Physicians & Surgeons, Columbia University, and served as Coordinator of Medical Care at the Smithers Alcoholism Center of St. Luke's-Roosevelt Hospital Center in New York City. I am also Treasurer and a founding member of the Executive Committee of the Association for Medical Education and Research in Substance Abuse (AMERSA).

I have been invited to speak this morning specifically to represent Project Cork, the alcoholism education project at Dartmouth Medical School. I have been asked to provide some information about Project Cork itself, and to discuss the relationship between medical education and our experience in the Project, and the issues of prevention which are under discussion here.

Project Cork was initiated in the winter of 1977-78 with funding from Operation Cork, a program of the Kroc Foundation which has supported a variety of endeavors in the general area of alcoholism and alcohol education. The goals were basically twofold: first, to develop a model curriculum for medical education in alcoholism which could be integrated effectively into an established medical curriculum; and second, to conduct this project as an experiment in medical education, evaluating not only the preliminary teaching effects of the curriculum itself on the students, but also the processes of institutional change involved in implementing such a curriculum.

Although launched from the Department of Psychiatry, the Cork curriculum effort from the start involved individuals from most of the major academic and clinical departments of the medical school. This was most important to the goal of integration of the curriculum, avoiding the separate "add-on" course approach which is atypical of the general medical curriculum and which, however complete or well-taught, still makes alcoholism an obvious step-child in the medical academic family. To better illustrate this point, let me begin a comparison with another area of major health concern - heart disease - which I believe will be useful at several points in this discussion. While a separate speciality elective in cardiology may be offered toward the end of most medical curricula, information important to the understanding of heart disease appears in most major courses from the beginning of medical

school. Its legitimacy as a professional concern is reinforced continually, from the basic anatomy and physiology courses through the clinical rotations in internal medicine. For these same courses to omit comparable information on alcohol problems, relegating it to a separate course piggy-backed onto an otherwise integrated curriculum, clearly labels the field as one of tangential, even optional, concern for the medical profession. Thus arose the Project's concern that each major department or course have some responsibility in the curriculum planning process, and carry its appropriate share of the teaching burden. In this approach the Project coordinators sacrificed some control over the detailed content of each part of the curriculum, in return for the integration of alcoholism into the academic mainstream, and the greater independence of the curriculum changes from the funding life of the Project.

The curriculum change process was approached in a "rolling" fashion, with successive curriculum years taken on in successive calendar years. Thus one class, that of 1981, was the first to encounter most of the initial curriculum changes as it moved through the medical school program. It is this class which has been studied most intensively in the student evaluation part of the Project.

The Project Cork Resource Center was launched early in the life of the Project, and has become a crucial support to its teaching activities. Run by a medical information specialist, the Resource Center does not attempt to be an encyclopedic library of alcohol studies, but is aimed at serving the specific needs of medical education in this area. It houses a collection of books and reprints selected for this purpose, and maintains a computerized bibliography of pertinent references selected by topic area. The collection has grown in response to faculty and student requests in specific areas, as well as attention to topics judged a priori to be of importance. The Resource Center has permitted rapid response to the alcohol information needs not only of Project staff, but of students, house officers and faculty throughout the

medical school community. It has allowed a degree of dissemination of information that could never be accomplished by individual faculty members passing on their personal reference lists. Now, when students or colleagues request material in a particular area that I don't follow in detail, instead of making a few vague suggestions or trying to find non-existent time to research the area myself, I can refer them to the Resource Center with confidence that they'll get quick and accurate service, most likely with specific reprints within a day or two. This kind of service has greatly enhanced the academic credibility of the alcoholism field at Dartmouth.

The boundaries of the Project were significantly expanded in 1979 with the formation of the Cork Consortium. Five additional medical schools received seed monies from Operation Cork for the initiation of alcoholism education programs, and joined with Dartmouth in the student evaluation and general information network of the Project.

In addition to curriculum development and evaluation, Project Cork staff members have served as principal consultants in the production of a variety of curriculum materials funded by Operation Cork. Films produced include Our Brother's Keeper, an hour-long dramatization of the problems of an alcoholic physician which has been shown nationwide on the Public Broadcasting System, and a series of films for the teaching of specific clinical skills important for the physician in dealing with alcoholism. A series of slide packages, designed to provide top-quality visual teaching materials for alcohol-specific information in the major medical science disciplines, is also under development; three of these packages are now complete and available.

Funding for the Project as a whole was completed as planned at the end of the 1981 calendar year. There is continued funding from Operation Cork for

partial support of the Resource Center, and for completion of the remaining slide packages. The formal evaluation program is collecting the final data on comparison groups, so that we can make some objective judgments about the apparent accomplishments of the curriculum with our own medical students. Most of the curriculum modifications made are now ensconced in the major courses for which they were designed, and will continue there despite the end of Project funding. Continued improvements should remain possible, due to the Project's success in forming a cohort of alcohol-concerned faculty whose interest now goes beyond the appeal of foundation funding.

How will the information and experience we've accumulated be disseminated? There are a variety of avenues for this. The staff and faculty most closely associated with the Project will continue to be available for institutional consultations, and will be involved in educational endeavors for the health professions beyond the confines of Dartmouth Medical School. The Resource Center, contacted by more than half of the nation's medical schools during the past 4 years, will continue to be available to other schools, although the change in funding will now necessitate some fees for the cost of services provided. The films and slide packages mentioned above are now commercially available. In addition, we are currently embarking on a project with a private publisher to produce informational literature for patients, designed to be useful in the routine practice of primary care medicine.

The major concern of this hearing is the relevance of these endeavors to prevention of alcohol-related problems, so I will now turn to that topic. I believe the prevention questions must be divided into two general categories: prevention of alcohol-related problems for the entire population; and prevention of alcoholism, the major illness directly afflicting 10% or less of the



population (although certainly seriously impacting the lives of a much larger proportion). Since the latter is more clearly related to medical education, I will first briefly address the former area.

The recent report from the National Research Council (published as Alcohol and Public Policy: Beyond the Shadow of Prohibition) observes quite cogently that while the small proportion of heaviest drinkers bear a disproportionate share of drinking-induced problems, it is so outnumbered by the rest of the population that many alcohol problems can only be significantly impacted by broadly based preventive measures. Of the options available, the training of physicians in general might relate primarily to measures involving public education and information. While physicians might be significant sources of information to their patients, I frankly doubt that physician alcohol education could ever be an efficient primary means of influencing public drinking practices. Before leaving this area entirely, however, I would caution you that it may have an important facilitative function for broad public education efforts. Bombarded daily with health messages of all kinds, people often do rely on their physicians to validate the information they receive from other sources. The average physician has sufficient grounding in cardiology to help patients make sense out of the cardiac health messages we all get. If not adequately prepared on alcohol issues, however, that same physician may misunderstand or disbelieve basic alcohol risks and concerns, and in good faith undermine the effect of a public education campaign in this area.

Medical education is far more specifically relevant to prevention of alcoholism and major recurrent alcohol problems of heavy drinkers. While it is possible that we all carry some unknown risk of developing alcoholism, it is still true that less than 10% of the adult population actually does so. It

is also true that many of those developing alcoholism come from definable high-risk groups. Many have suggested that the only conceivable efficient approach to primary prevention of alcoholism is to target efforts at high-risk groups and individuals, rather than at the whole population. Recruitment of such groups into voluntary prevention programs based on public awareness, however, seems unlikely at best. I submit that health care facilities are in fact among the few contact points for most people in which alcoholism risk factors may be detected and individuals made aware of them. I emphasize again that this can include primary prevention opportunities, in addition to the implied secondary prevention gains of earlier diagnosis and intervention.

What's needed for physicians and other health professionals to be constructive in this effort? Certainly better validated diagnostic tools for both risk and actual illness will be useful. I do not wish to discourage the research programs planned in this area, but I believe that simply developing and making such tools available to practicing physicians will have little impact on physician interventions, unless supported by a stronger basic medical curriculum in alcoholism. To return once more to my comparison, basic knowledge and skills in cardiology are sufficiently widely distributed among physicians that new diagnostic tools for primary care in this field can be introduced with reasonable expectation that they will be utilized properly. Those physicians not prepared to adopt a new technique directly will almost certainly know a colleague who can assist them. No such situation exists yet in the alcoholism field; in fact a great many physicians have little idea of how to proceed with obvious cases of alcoholism in their practice, much less with more subtly symptomatic cases. One aspect of the student evaluation at Project Cork demonstrated this point clearly. In a "detection study" we sought to compare students' diagnostic accuracy with standardized measures used widely in the field, and with the diagnosis of the house staff and attending staff involved with the same patients. Curiously enough, compared to our

standard measure, the Michigan Alcoholism Screening Test, everyone did pretty well, judging from the language in the charts referring to alcoholism and alcohol problems. On the other hand, the rate of specific intervention was distressingly low; in many cases, patients got no feedback or discussion of alcohol problems from their physician. In other words, there seemed to be relatively few "hidden alcoholics" in our sample; there were many obvious cases where the medical staff apparently did not know how to proceed. I doubt seriously that uncovering a few more alcoholic or high-risk patients with better diagnostic tools will help to make physicians more skilled at dealing with the patients they've diagnosed.

The fact is, in the present state of the art, dealing effectively with alcoholic patients requires some basic interactive skills which are not uniformly taught or even considered in all medical curricula. Some schools have developed very innovative courses in interviewing and interactive skills, but we cannot count on such exposure even among recent graduates. At Dartmouth, when Project Cork added an experiential program to one of the rotations, specifically to address this problem, the students' most frequent comment was, "How come nobody else teaches us this sort of thing?"

You may feel that with the improvements in medical education in alcoholism in recent years, this problem of knowledge base will be taken on by the bulk of medical schools as a fundamental responsibility and addressed adequately. Thus public funding need no longer be concerned with support in this area, regardless of its importance to prevention measures or other priority concerns. Secretary Schweiker's budget message of February 8 seems to take this view on the elimination of clinical training in mental health, but makes no mention of similar actions in alcoholism. I cannot comment on the mental health field, but I'm confident that such a position is naively optimistic for alcoholism.

I've spoken of some of the success enjoyed by Project Cork at Dartmouth, but must acknowledge that what we've achieved is far from the ideal curriculum originally envisioned for the Project. Even with the integration of many pieces of curriculum into the mainstream, the continuation of these efforts depends heavily on the commitment of a cadre of concerned individuals developed during the Project, rather than on a broad-based commitment of the medical school to cover this knowledge area thoroughly for its students. This has been the case even with quite generous private funding.

Certainly other medical schools have developed effective alcoholism education programs, and the critical mass of reasonably prepared graduating physicians is indeed growing. It would be foolish, however, to assume that adequate basic training is widespread enough that prevention efforts can be built upon it without further support of the basic structure. In short, if you want physicians and other health care professionals to be effective prevention agents, basic clinical training will still be needed, and won't take care of itself! Thank you.

Questions for Dr. John Severinghaus:

1. How are the integrated curricula which you develop disseminated to other medical schools?
2. What kinds of other ailments are often diagnosed when the patient's actual disease is alcoholism?
3. How is Project Cork funded?
4. Do you prepare educational materials for other groups in addition to medical schools?

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Responses to additional questions

1. Since no medical school curriculum is precisely the same as any other, an integrated curriculum on alcoholism cannot be directly transferred to another school. The approach to integration which Project Cork has used, the types of efforts which have been integrated here, and the problems we've encountered, have been discussed at length with faculty at other medical schools. This has taken place through individual consultations, through presentations at professional conferences (e.g., AMERSA), and at a special conference sponsored by Operation Cork and attended by faculty from 17 other medical schools.

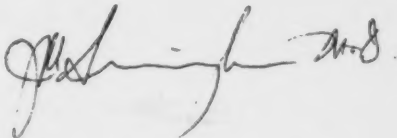
2. In most cases, the other ailments are accurately diagnosed; the problem usually lies in overlooking or not attending to the additional (and perhaps causative) illness of alcoholism. In internal medicine, the most frequent situations in which alcoholism is missed are probably high blood pressure and gastro-intestinal complaints; if alcohol is involved, both types of problems require control of the drinking for effective treatment. In surgery, alcoholism is perhaps most frequently overlooked in elective surgery unrelated to alcohol complications; in these cases, the primary risk is in unexpected difficulties in peri-operative management. Of alcohol-related surgical disease, trauma is probably the most frequent setting for undiagnosed alcoholism. Psychiatry is probably the only major area of medicine in which other ailments are frequently diagnosed instead of alcoholism - and that only because the major primary symptoms of alcoholism appear in emotions and behavior. The most common diagnoses of this type are probably anxiety disorders and affective illnesses (depression and manic-depressive illness).

Contrary to the drift of some public statements I've heard on this topic, it is rarely true that alcoholic patients inappropriately "use up" hospital inpatient beds when they really should be somewhere else. It is quite true that many alcoholic persons receive medically necessary treatment for alcoholic complications, without any attempt to intervene effectively in the primary problem of alcoholism. The drain on health-care resources occurs when these untreated individuals return with further complications again necessitating costly treatment.



3. Project Cork has been funded by Operation Cork, a program of the Kroc Foundation. Operation Cork supports a variety of efforts in the field of alcoholism education and intervention. As I stated in my testimony, general Project Cork funding ended December 31, 1981. At present some transition funding remains for the evaluation and for the Resource Center; this will expire June 30, 1982. We hope that the Resource Center can eventually become self-supporting through providing information services both inside and outside of Dartmouth. The Project in general will most likely continue in two functions: (a) as a committee of interested faculty meeting regularly for discussion, planning and support of alcoholism-related curriculum; and (b) as a budgetary entity for administration of specific undertakings (e.g., conferences, consultations, publications, etc.) pertinent to Project Cork's experience.

4. To date, the materials produced under the aegis of Project Cork have been directed specifically at medical education, although some have been found useful in other settings. As described in my testimony, we are considering involvement in the production of patient information materials useful in the practice of primary care medicine.



Senator HUMPHREY. Thank you, Dr. Severinghaus.

Unfortunately, we have another vote in progress on the floor. I am going to have to recess once again. I hope this will be the last; I suspect it will, but I cannot guarantee it. I will be back in about 10 minutes.

[Whereupon, a brief recess was taken.]

Senator HUMPHREY. Our next witness is Mrs. Gayle Judd, president of the Utah PTA. Thank you for your patience, Mrs. Judd. I hope we can get through this now without any interruptions. You may proceed as you wish.

Mrs. JUDD. Thank you. I commend you on what you are doing here today.

I represent two groups: The Cottage Program International, which began in Utah; I have been a member of that board for the past 4 years. I also represent PTA. Let me make one comment about the Cottage Program International, and then I will proceed with the PTA.

They do one heck of a good job with the dollars they work with. They do interact with many, many people.

Now, it is apparent that young people need to know more about the many effects—physical, social, and psychological—that the use of alcohol has upon them. We feel that a lack of knowledge is a prime contributor to the alcohol problem among our youth in the Nation.

The paper that I have presented to you talks a little bit about information on curriculum and strategies, but I am not going to dwell on that. Instead, I am going to tell you how to spend your money.

Senator HUMPHREY. OK. I wish you would tell us where to get it first. [Laughter.]

Mrs. JUDD. We have a suggestion in our paper on that, also. [Laughter.]

Senator HUMPHREY. OK.

Mrs. JUDD. First, may we say to you, do not develop any more new materials? There are enough professional groups out there who have already done this. The National PTA developed materials with a grant that they received through NIAAA several years ago. Some of those materials are being used, but we need to adopt those to the classroom situation and use them. We do not need to pour more money into the development of curriculum and new alcohol prevention materials.

May I say also that our children are our only advocates; we are only interested in children. I am not here asking for money for PTA. Our only concern is educating children in our schools concerning alcohol education prevention.

In Utah, we have done this. We went to our legislature for 3 years in a row and asked for money to put together an alcohol education curriculum, and with the help of the experts, we did this. Not one penny of that money went for administrative purposes, and not one dime purchased a typewriter. Every bit of those moneys went directly down to our children.

Curriculum was developed; it is ready to be printed and will be off the press in May. We have adapted some of the curriculum from some of the other States and included what we wanted in it.

We did accept some help from the Division of Alcoholism and Drugs for the training of teachers, for inservice training. We have done some of this, but we need to do more. The point I want to make is that we asked for these moneys to be diverted to the Department of Education so that they would not have to go through social services and through the Division of Alcoholism and Drugs, so that the schools would have to beg for those moneys.

We say to you, do the same thing at the Federal level; direct alcohol education prevention moneys through the Department of Education, or a foundation, or whatever it is, directly to the schools in each State so that those children will receive the benefit of those moneys and those moneys will not be caught up in administrative bureaucracies as they filter down to the children.

Another area that you should spend your money in is in media communication. We do not feel that the Division of Tobacco, Alcohol and Firearms has been responsive to parents in this Nation. We feel that the regulations need to be revised and reformed.

We need to be consistent in a society that is concerned about reducing the current levels of alcohol-related problems. Facts do not seem to play the kind of a role that they should in the messages that our children receive in the television, radio and magazine media.

Anything that we can do to uncomplicate a child's life, we should do. I do thank you for your time.

[The prepared statement of Mrs. Judd with attachments follow:]

TESTIMONY

for

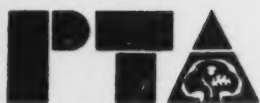
THE SENATE ALCOHOLISM AND DRUG ABUSE SUBCOMMITTEE

February 24, 1982  
10:00 a. m.

Dirksen Senate Office Building  
Washington, D. C.

Testimony Presented by:

Gayle K. Judd, President of the  
Utah Congress of Parents and Teachers  
Salt Lake City, Utah


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 President Elect

**DR. MAX. B. WELCKER**  
 First Vice President

**MRS. GAYLE JUDD, President**

PTA commends the Senate Subcommittee for setting up Hearings on Alcohol and Drug Abuse Prevention. We also appreciate the opportunity to testify on the subject and exercise our American democratic tradition. We feel my presence here will provide a source of information for the legislative process from the grassroots community.

History tells us that the Spartans and the ancient Egyptians enacted laws limiting the amount of wine one could drink. Before the coming of Muhammad, the Arabians fixed the daily limit at twelve glasses of wine per person. (However, they neglected to stipulate the size of the glass.) Other cultures felt the need to make similar efforts to regulate the use of alcohol.

Unfortunately, things haven't changed much since those ancient days. The same problem people abusing themselves and others through unwise use of alcoholic beverages still exists. The fact that more young people than ever before are using and abusing alcoholic beverages and experimenting with alcoholic beverages at a younger age is of particular concern to PTA. It should be stated



here that alcohol use and abuse can create a real danger to young people in this country and society as a whole.

Adolescence is a critical time for determining an individuals later drinking habits. A study by the National Institute of Alcohol Abuse and Alcoholism showed that a dramatic shift from abstainer to drinker occurs between the ages of thirteen and seventeen, indicating that many teenagers drink before they can legally purchase alcoholic beverages.

PTA feels there are a variety of reasons why adolescents drink. Some drink because of peer pressure. Others drink because they are simply curious and don't know the effect of alcohol upon the body. Still others drink because they have been told that alcohol will help them "relax and enjoy life." Some young people are introduced to the use of alcohol by their parents. The problem of adolescent drinking is very complex and far reaching, and PTA feels there are no simple solutions. But it is apparent that young people need to know more about the many effects physical, social and psychological, that the use of alcohol has upon them. We feel one of the prime contributors to alcohol problems is a lack of knowledge about alcohol and its effects on the human body.

PTA feels too little effort and money has been allocated for alcohol prevention education programs. Alcohol education curriculum should target both elementary and secondary students. PTA feels teaching

strategies, programs and materials should be used that will:

1. Assist students in acquiring objective knowledge about alcohol, tobacco and drugs.
2. Assist students in acquiring better health techniques and applying "Low Risk Life Styles."
3. Involve students in the process of acquiring and practicing decision making, problem solving and value skills.
4. Make schools a positive learning place for all students.

Some consideration should be given to teacher inservice efforts, and also setting up resource files in schools. There have been enough effective materials developed over the past five years, they just need to be printed and used.

Many excellent effective instructional programs have been developed by professionals in prevention programs. They are effective and have had an impact upon the communities they serve. Many of these could be adopted to the school setting. Rather than develop new materials, this utilization would possibly assure the wisest possible expenditure of funds. This would also bring to the classroom the expertise of those who have found prevention programs that work.

In Utah, with the help of the experts, PTA developed an alcohol education prevention curriculum that will be used in our schools next year. The curriculum will be off the press sometime in May. We went to our legislators for three years in a row, before succeeding,

for a one time appropriation that would be allocated directly to our State Office of Education. These monies were to be used for the development of resource files, curriculum, media and some inservice training for teachers. None of the monies were used for administration purposes, or to purchase typewriters. All of monies were earmarked so they would get right down to the children in our schools. Our Division of Alcoholism and Drugs has come forward with some other monies and training assistance for teacher inservice. We have a good beginning, however, more needs to be done.

PTA feels a method of funding for educational prevention programs could come from an increase in taxes on all alcoholic beverages nationwide imposed by the federal government. The evidence according to the National Academy of Sciences, it is most extensive and uniform in regard to the effects of taxation. It states that "taxes affect prices, prices affect the quantity of consumption and the quantity of consumption affects the health and safety of drinkers."

PTA feels another area where the federal government could have impact on prevention measures is a significant reform in government advertising regulations of alcoholic beverages.

PTA feels the bureau of Alcohol, Tobacco and Firearms has not been responsive to public concern over alcohol advertising. Over one billion dollars will be spent this year on advertising of alcoholic

beverages. Subliminal advertising techniques are used by the liquor industry to create an unconscious awareness or a perception of their product. Such techniques associate and project liquor with good looking robust people, sex, glamour and success. They never portray any of the unhappy family problems, health problems and safety problems that are of significance when using their product. Alcohol advertising is anti-public health and anti-public safety. The advertising of alcoholic beverages is an issue of social policy. The issue here is whether such messages are consistent with a society concerned about reducing the current levels of alcohol related problems. Facts and studies seem to play less of a role in determining advertising policy than they should. The risks and problems can be reduced if common sense steps and a realistic approach is taken by the federal government in revising advertising regulations.

To date most of the work in prevention has focused on the individual. The environmental approach has been completely ignored. This would include the schools, media communications, neighborhoods, the home and religious groups. Prevention efforts have to be aimed at the total environment in order to be successful and aimed individually at every student in the nation K thru 12.

PTA recommends that funds for alcohol and drug prevention best be spent in the following way:

1. Funds for alcohol education in the schools should be channeled through the Department of Education directly to the schools.
2. Funds for community prevention programs should be channeled through NIAAA.
3. Funds for developing positive alcohol health and safety messages through media communications, should be channeled through NIAAA.

Our final recommendation to the Federal Government is to revise and reform government advertising regulations of alcoholic beverages.

How  
much  
"proof"  
does  
it  
take?



**Programs**

Parenting

Pre Natal  
Alcohol Education

Pre School  
Children

Family  
Communication

Youth Alcohol  
Counsel

Employee  
Assistance

Human and  
Community  
Resource  
Development

How  
much  
"proof"  
do  
you  
need?

TESTIMONY

for

The Senate Alcoholism and Drug Abuse Subcommittee  
Hearings on Alcohol and Drug Abuse Prevention

February 24, 1982

10:00 A.M.

4232 Dirksen Senate Office Building  
Washington, D.C. 20510

**Testimony Presented By:**

Bernell M. Boswell, Executive Director  
The Cottage Program International, Inc.  
Salt Lake City, UT 84102

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A Non Profit Organization



As Executive Director and Founder of The Cottage Program International, I would like to applaud the Senate Sub-Committee on Alcohol and Drug Abuse for scheduling hearings specifically relating to the prevention of alcoholism and drug abuse. As an involved professional who has experienced first-hand the human tragedy of alcohol misuse, along with the immediate frustration of trying to ameliorate the effects of that tragedy, I consider the present shift towards prevention long overdue and the most significant and welcome development in the alcohol and drug abuse field in the last decade.

Undoubtedly, the Committee has already accepted into evidence a barrage of data which documents the magnitude and seriousness of the problem of alcoholism. The hard facts are in. From highway fatalities to the staggering medical, social, and economic costs, the direct consequences of alcohol abuse are well known. But these hard facts cannot adequately reflect the even harder reality of the human suffering caused by alcohol abuse. Statistics cannot begin to portray how the hope and trust of even a single child is permanently extinguished by the emotional crippling caused by a parent who misuses alcohol.

What many of us are reticent to admit is that after millions of dollars spent on data collection, analysis and research, we still do not have agreement on the causes of alcoholism. What the research has clearly shown and what we know only too well is that alcohol abuse and alcoholism have a seriously-negative impact on the happiness and prosperity of the people in this Country. The fact that we do not have an adequate technical understanding of the causes of alcoholism has resulted in a number of well-meaning, but misguided approaches.

The first of these approaches contends that since we do not know what causes alcoholism, we should concentrate all of our efforts into research. This approach is unacceptable simply because the social and economic loss related to alcoholism

needs immediate attention. Bottomline pragmatic businessmen have learned the hard way that an essential part of cost analysis for implementing any program is the long-term costs of not implementing that program.

The second, and by far the most popular approach, is to respond to the lack of identifiable causes by tenaciously holding on to one of several popular theories which offer simple explanations and cures for the problem. Unfortunately, simple solutions usually offer the illusion of doing something about the hard realities of the problem without actually doing anything towards solving the problem. This approach seems to be grounded in a sincere and moral concern. Simple answers may be comforting and reassuring, even though they are nothing more than social placebos.

An alternative to these biased theories and comforting answers is offered by the professionals in the prevention field: accept the limitations of our present knowledge, support ongoing alcohol research and continue with programs which have proven themselves to be effective even if there is not a complete scientific understanding of why they work. Prevention professionals do not have access to any startling or revolutionary sources of information about the nature of alcohol misuse and alcoholism. The fact is that we simply do not know what causes alcoholism, but we can demonstrate that it is possible to prevent it through a variety of thoroughly-evaluated methods. To draw an analogy, the ancient Hebrews did not know that a number of diseases which afflicted them were caused by micro organisms, but they learned how to prevent some of those diseases and made tremendous gains in human health by implementing basic sanitary and health practices. Further implementation of these prevention strategies and health promotion techniques need not wait on the ultimate word from the scientific community. During the past decade, concern at the community level has led individuals, families, and neighborhood groups to share their common problems and to begin to piece together the information and social involvement necessary to prevent

serious drinking problems from developing. Out of the experience of thousands of such concerned people, working together with professionals, there has emerged several successful strategies, processes, and programs.

Despite the proven cost effectiveness of prevention programs it has been an uphill battle to obtain public support against entrenched medical, treatment, and research interests. Prevention programs came into existence in an economic and social climate that bordered on hostility, with less than 3% of the funds allocated for alcohol abuse channeled into prevention programs. These programs have survived because they are actively supported by the people and communities they serve. Further, these prevention efforts have survived because they have been validated with an overwhelming weight of evidence and research data to support their effectiveness both in terms of goal outcomes and costs. Among the list of successful prevention programs are:

- . The Cottage Program International, which has just celebrated its 10th anniversary, has been translated into 4 languages along with the necessary cultural adaptations. It has also been adopted by 40 communities throughout the United States;
- . The National PTA Project;
- . The Pyramid Project of LaFayette, California, which has over 7 years of prevention experience;
- . The Quest Program of Ohio, which has been in operation since 1975;
- . The Channel One Program in Massachusetts, a private sector program which has been extremely successful in directly involving the business community.
- . The K-12 Program, which originated in Massachusetts and has been replicated in many communities across the United States; and,

- . The National Association of Prevention Professionals, a national organization which has been in existence for 4 years. Its members are active professional prevention people engaged in a variety of primary and secondary programs impacting alcohol and drug abuse.

These programs represent only a small number of the successful prevention programs that are presently delivering services and impacting communities throughout the United States. Further, the professionals who operate these programs can provide a wealth of information, expertise and insight into shaping national prevention initiatives.

The proven effectiveness of alcoholism prevention programs, coupled with the fact that certain good basic models can be replicated in many different community, school, religious, and industrial settings, argues strongly for increased public funding and support. Because of the active participation of individuals and families together with volunteers and professionals, the overall cost of increased alcoholism prevention programming will be reasonable. Put quite simply, our society cannot afford to withhold adequate support from alcoholism prevention efforts.

We wish to submit for the record:

- (a) an abstract of 10 impact and outcome studies which deal with voluntarism and prevention approaches; and
- (b) a graph of the 10-year level of effort in Utah and the national replication projects implemented by The Cottage Program International.

Bernell N. Goswell  
Executive Director  
The Cottage Program International  
Salt Lake City, UT 84102

Senator HUMPHREY. Thank you.  
Mr. McCord.

Mr. McCORD. Mr. Chairman, I come to you as a single State authority on alcohol and drug abuse, with 20 years' tenure in that position. I commend you and your subcommittee for having a hearing on prevention.

I think it was in 1967 that I was fortunate enough to represent my Governor at the first hearing of the House Interstate and Foreign Commerce Committee on the Hagen bill, which would have created a national alcohol abuse effort. It preceded the two pieces of legislation, 91-616 and 92-255, that created the two institutes that we are talking about.

I bring this into perspective because I think perhaps the state of the art today in prevention is very similar to where the state of the art in treatment was at that time.

My prepared statement has to do with trying to take a very confused and disjointed concept about what prevention is and is not and putting it into a framework that is understandable.

In the State of South Carolina, my governing board adopted a prevention policy statement 4 years ago. A very similar statement has been adopted by the National Association of State Alcohol and Drug Abuse Directors. It is a public health model, since, without a doubt, alcohol and drug abuse are the No. 1 public health problems we face in this country today.

I really want to advocate more good public health practice in drug and alcohol prevention, and I think that it is necessary that we understand what we are talking about and what our respective roles are.

This model recognizes that there are three factors in prevention that we have got to look at, and most of the issues having to do with prevention focus on the host—the individual—the development of coping, capable individuals who can go through a variety of life's problems without getting hurt or addicted by inappropriate use of alcohol and a variety of other chemicals.

That is fine, and that is absolutely necessary, and I think it must be the hallmark or the foundation of all prevention efforts. But I would like particularly to look at the other issues, because these are issues that require great challenge and that require that we, as policymakers, leaders and professionals, get our act together.

We are talking about the abuse of chemicals. I have been asked to address particularly alcohol abuse prevention. I think we have got to do away with the mixed messages that we, the decision-makers and policymakers, give; that alcohol in one variety of beverage is different from the alcohol in another, in that we have different codes for labeling.

I remember I was here regarding a labeling hearing 2 or 3 years ago; I am still very much an advocate of labeling as a public policy action that could minimize this and let people recognize that alcohol is alcohol, whether it is in beer, wine, distilled spirits, or whatever they call it.

I was amazed that, when we looked at even the possibility of raising excise taxes on alcoholic beverages, we almost made a very fatal and negative statement to the youth of this country that beer



was not included as an alcoholic beverage; for what reason, I do not know, but I have some ideas.

But you do not tell youth that malt beverages are not alcoholic beverages, because they know better than anybody else of its alcoholic and intoxicating properties.

So, I am saying we need to get our messages together and stop looking so much at the chemicals, but, rather with the alcohol and drug-taking behavior which is destructive.

I have talked about the role of the Federal Government. I have to respond because being a Government bureaucrat is not in itself negative. We have done quite a bit in this field, and certainly the role of voluntarism and volunteers is more important than ever, particularly in the economic times ahead.

But let us not pretend that we are rediscovering the wheel. Voluntarism has been the hallmark, particularly in the field of alcoholism, where even the parent power movement, which is such a positive thing now happening, is probably modeled after the most famous of all self-help movements, the founding of Alcoholics Anonymous.

The State authority—and thank goodness, Dr. Mayer recognizes this—represents an investment of this Congress in public policy through the enactment of two pieces of legislation that set up a State alcohol and drug authority and, out of that, State alcohol and drug plans, prevention plans, and the State prevention coordinators. We have a significant investment in dollars and a significant investment in expertise.

We have got a system and a network that already has relationships with volunteers. I find it regrettable that the administration is now going another volunteer route that possibly would not include the State authorities and our network. It will not recognize over 20 percent of its potential efficiency if that happens, and I think we need to recognize that.

There is a State network out there; there is money in the bank as far as prevention goes; there is expertise; there is a constituency; and we need to take advantage of that not only in that approach, but any other prevention policy approach that we take from the Federal Government.

About parent groups—I think I have been one of the strongest supporters of parent groups, and any State program that does not take advantage of these groups would be negligent.

Mrs. Judd has talked about a parent group that has been there a long time and tends to be more proactive than reactive, and there is a place for proactive pressure in the development of public policy and prevention programs. There are all kind of ways to skin a cat. You can come in from the outside and knock on the door, or you can get on the inside of the door and work with that system and change that system and make it more responsive. Now, I am talking about systems change.

One of the critical systems that we need to look at in the national prevention strategy has to do with higher education. Most people, when they matriculate into college and become freshmen, are already exhibiting alcohol and drug taking behavior.

It is our premise in South Carolina that these 4 years—college years—is when they incorporate that behavior and consolidate it

into what they think is adult behavior—drinking behavior, particularly. I am saying that, on most college campuses, it is 4 years of no-holds-barred drinking. Many of those drinking patterns, attitudes, and behaviors follow those people into their respective professional and public careers, and make it extremely difficult to enact intelligent public policy that recognizes the epidemic proportions of alcohol abuse and alcoholism and recognizes the difference between drinking and drunkenness.

We need to focus on more prevention programs on the college campus and say that, while drinking is permitted, drunkenness is not. Also, let us be an advocate of abstinence as a way of life at the same time.

There are many areas that we need to look at, such as discipline. We are expecting the parent groups to get tough and begin again to control their families and their communities. We are looking for more discipline.

Should we not look also for discipline in public policy places, in the U.S. Congress and State legislatures and city governments and school boards, and expect them to use the same kind of discipline to set limits and rules that are realistic and are enforced.

Let us first tackle the hard problems and begin to deal with the issue particularly in alcohol abuse, and realize that public policy can be one of the major preventive strategies. Since abuse in many cases is indicative of later alcoholism, we develop a viable prevention and intervention alternative.

I am talking about pricing; I am talking about accessibility and per capita consumption; I am talking about advertising. I was recently talking to my Governor's first assistant for health and human services. He happens to be a Baptist deacon, but he said:

Even though I do not drink, I keep it in my home for people who choose to. We look at a lot of TV and my 11-year-old son said, "Daddy, do you not ever get happy or sad?" He said, "What do you mean, son?" His son said, "I never see you drinking."

So, all you have to do is not just look at the advertising messages and the "do drug" messages, but look at the literally thousands of messages that impact on the youth of this country in those juicy tales of Dallas and Flamingo Road that seem to titillate all ages.

Senator HUMPHREY. I cannot argue with that. Sometimes I think that the best thing that could happen to this country is if everybody smashed their television sets.

Mr. McCORD. While sober.

Senator HUMPHREY. I beg your pardon?

Mr. McCORD. While sober. [Laughter.]

Senator HUMPHREY. Right. Mr. Steinhauer, in your testimony you focused on a program in Michigan where the NCA State affiliate runs a statewide clearinghouse for alcohol information, and noted that the distribution had tripled under that system. Is Michigan the only State with that kind of program?

Mr. STEINHAUER. To my knowledge, it is the only State that has that kind of a relationship between the NCA State affiliate and the State alcohol authority. We are attempting within the NCA family to encourage that kind of relationship.

Unfortunately, the problem does not seem to be with the volunteers; it seems to be with the bureaucracy not wanting to give up

something that is seen as important to them and highly identifiable. It is kind of nice to have people go to the authority to get the information, even though it may not be as accessible or as rapid.

I think one of the key things is not only have we increased the amount of literature, but we have significantly reduced the period of time from the point of request to the point of receipt, and are also doing it at less cost.

Senator HUMPHREY. Can you describe the NCA's public education campaign?

Mr. STEINHAUER. NCA has been selected by the National Advertising Council as one of their agencies, and we are now working with them to develop public information. Much of this is going to be directed, I believe, at TV in terms of being public service announcements, as well as posters and leaflets.

I cannot give you a great deal of information about this; it is in the developmental stage. I think the important part is that the National Advertising Council is very selective in whom they work with, and we are very pleased that they chose NCA, but even more pleased that they chose to focus on alcoholism as a major problem in this country.

Senator HUMPHREY. Well, how much effect is that relationship having?

Mr. STEINHAUER. I do not believe that we have launched the campaign yet; it is in the developmental stage. I have had an opportunity to see some of the preview material, and this is why I focused on the TV spots; these are the ones that I have seen. I found them quite impressive, but I do not think at this point that we have released them.

Senator HUMPHREY. Does this focus on advertisements or program content?

Mr. STEINHAUER. This is primarily on advertisements.

Senator HUMPHREY. And what are you trying to accomplish there?

Mr. STEINHAUER. It is twofold. One is to raise awareness, and focus on stigma, encouraging people to get into treatment and to recognize that alcoholism is not terminal; that you can expect people to recover and that there is success.

We are fighting that issue of stigma, moving it away from a moral issue and indicating that it is an illness, and rehabilitation can be anticipated and expected, if treated.

Senator HUMPHREY. Thank you. Dr. Severinghaus, you seemed to be rather critical of medical school courses on alcoholism, or their whole approach to the problem. Do I read you correctly? Are medical schools across the Nation still kind of behind the times in teaching this subject?

Dr. SEVERINGHAUS. I am not sure that they are behind the times. I think the policy decisions that they make are often similar to the kind of policy decisions in alcoholism that are made by many agencies at many levels.

I think it is still true that policy decisions about this area are not made on the simple grounds of public health costs, of the treatability of the problem, or of the seriousness or prevalence of the problem. They are not made on the simple grounds of the cost-benefits that we know are involved at least in some kinds of treatment.



They are made on completely different grounds, and I think that happens in medical schools much as it happens in many other areas.

Senator HUMPHREY. But whatever the cause, you are saying that too little attention is being focused; that physicians in training are receiving too little information on alcohol abuse and alcoholism.

Dr. SEVERINGHAUS. I think they are getting a lot more than they did 10 years ago—almost infinitely more in a lot of places. What I am concerned about is that the critical mass necessary to make this field self-sustaining within the medical community has hardly been attained. The fact that we seem to be doing a lot better does not mean that it will not fade pretty quickly if we let go.

Senator HUMPHREY. You mentioned high-risk categories of people—people who are, for whatever reason, high risk. Can you enlarge upon that a little bit more? How do you identify a high-risk person?

Dr. SEVERINGHAUS. Well, certainly, the most easily identifiable high-risk category would be people who are primary relatives, particularly children, of other alcoholic individuals. Those are people who, by anybody's standards, would have to be considered at high risk for alcoholism.

Senator HUMPHREY. Yes.

Dr. SEVERINGHAUS. The concern I expressed was that simple public education, I expect, is not likely to be the most effective means of alerting those people to the risk that they carry or to the idea that they might need to do something about it.

Senator HUMPHREY. Then what would?

Dr. SEVERINGHAUS. I think there may be a variety of ways to do that. My testimony and my concern specifically relate to medical education and the fact that I think the health care facilities and health care professionals are often in a better position than many other people to identify those risk factors and bring them to immediate awareness of the person involved.

Senator HUMPHREY. In other words, you think it would be more effective for people, when they came into contact with health care professionals, to be counseled at that point, rather than a broad public education campaign. Is that the distinction?

Dr. SEVERINGHAUS. I think it is certainly one way to far more specifically target them. I do not know that it is the only way.

Senator HUMPHREY. Well, do physicians, in their little inventory they conduct prior to an examination, routinely ask about family history of alcoholism?

Dr. SEVERINGHAUS. Some do, some do not. It is something that in many medical schools is now on the routine form. The problem is not so much that it is not there in what people are officially taught, but that its use and the response when you get the information, even more importantly, is not yet well taught on a nationwide basis.

Senator HUMPHREY. You developed a curriculum under Project Cork. Practically speaking, did Dartmouth adopt that in its medical college?

Dr. SEVERINGHAUS. Well, what I referred to as the Cork curriculum is what has been adopted at Dartmouth Medical School.

Senator HUMPHREY. I see. Was that adopted anywhere else?

Dr. SEVERINGHAUS. I do not think any medical school has completely replicated any other school's curriculum. A number of pieces of curriculum that we have adopted have, in fact, been used as models by other places, much as we, in fact, use such items from other schools' curriculums. So, there has been some dissemination.

Senator HUMPHREY. How will the future patients of the doctors graduated from Dartmouth Medical School benefit in practical terms?

If they go to a physician who came from medical school X versus Dartmouth Medical School, by virtue of the program that you are involved in, how will the patients benefit by the contact with this physician graduated from Dartmouth?

Dr. SEVERINGHAUS. Well, that would depend a bit on medical school X. As I indicated, there are certainly other schools that have developed effective teaching programs.

Senator HUMPHREY. Yes.

Dr. SEVERINGHAUS. Our hope is that when a patient comes to see one of our graduates, provided that our efforts are not significantly undermined by the general insufficient awareness of the medical community at large, when an alcohol problem risk or a clear alcohol problem emerges or is identified in a clinical contact, some mention is made of that and that the patient is advised that there are specific health measures that need to be taken to protect themselves or to regain their health. I think that is not something that has prevailed in the health professions in the past.

Senator HUMPHREY. Mrs. Judd, you proposed that money be directed to organizations such as schools and PTA's, without passing through some middle man. Along those lines, what do you think of the approach recently adopted to provide these funds through block grants?

Mrs. JUDD. I realize that our suggestions are in conflict with block grants. Block grants will go through the Governor's office, through the Department of Social Services, through the Division of Alcoholism and Drugs, and then if you are fortunate, you might get a part of that.

Senator HUMPHREY. Yes; but isn't that still better than the former setup where everything came through the Federal bureaucracy?

Mrs. JUDD. No; not if the Federal bureaucracy has a uniform national concern and those moneys can go directly from that one bureaucracy directly to the schools. Then you eliminate all of the bureaucracy levels, where administrative costs are taken out of that money. This is our concern, that most of it will be gone by the time it gets down to children.

Children in school should be taught how to acquire health techniques and how to apply low-risk lifestyles in the public schools.

Senator HUMPHREY. Have you thought, for instance, in your case, of asking the Utah State Legislature to set up programs so that the money can come directly to organizations rather than going through the State bureaucracy?

Mrs. JUDD. No, we have not. We thought that was cut and dried; after that block grant hit the State Governor's office, there was already a plan of action setup.



Senator HUMPHREY. You made the rather surprising recommendation that we not devote any further resources to researching and publishing—.

Mrs. JUDD. Not research.

Senator HUMPHREY [continuing]. Publishing new materials.

Mrs. JUDD. I worked with the National PTA several years ago when we developed many materials through a grant that came through NIAAA, and then we got the programs into the schools. Those materials are not being used like they could be. We need some kind of a push or some kind of a shove to get these materials into the curricula where the children can use those materials.

You will also notice in our paper that we recommend that funds be channeled through NIAAA for community prevention programs. We also suggest that funds for developing positive alcohol health and safety messages also be channeled through NIAAA, and for teacher inservice.

However, purchasing the materials and getting them into the classroom—you will save money if you go directly to the kids with those moneys. We have been through the process.

Senator HUMPHREY. I see you speak with some conviction.

Mr. McCord, you apparently object to duplication of effort by the ACTION agency. Is that a good way to put it?

Mr. McCORD. It is not the duplication of effort; it is not using existing systems which would only expand their capability.

Senator HUMPHREY. Yes.

Mr. McCORD. Though I feel sure that State authorities, such as in my own State, have ongoing contractual relationships with ACTION agencies, with the State PTA, and others, I think there is a failure conceptually to recognize that and also to recognize that without recognizing that further deteriorates that network that in many States, because of the block grant, has put the alcohol and drug authority even further down in the bureaucracy.

We have a block grant; we are very pleased with it. We funded a project with the State PTA and we put in a clearinghouse. I am glad to say that because there is only one step between the Governor and us, there is no leakage. Perhaps organizations might go out and lobby to have the organizational status of alcohol and drug abuse in bureaucracies consistent with the size of the problem, and that might expedite some of the drainage.

Senator HUMPHREY. It seems to me that you have raised a legitimate point here. You might consider speaking to Mr. Pauken, or writing to him. I think he would be very receptive. He is a very fine man, I found, in my dealings with him. I think that is a legitimate point.

Likewise, I think your emphasis on public health prevention is a very good point; I do not think anybody would argue with that. The question is, what is the best way to carry that out, given limited resources?

Mr. McCORD. Well, limited resources mandate that we use a public health approach and talk about what we can do to assist 280 million people to minimize the negative public health consequences of inappropriate, illegal or indiscriminate use, and also protect those people who choose not to use from the persons who do, particularly in regard to alcohol abuse and highway safety.

We did a public media campaign called, "It is not always the drinker who gets smashed." Public health techniques, I think, are designed and are much less expensive—in fact, the validity of a prevention strategy now, I think, is being brought to a sense of urgency because of economic considerations.

This field developed on looking at the alcoholic, putting him in an institution in a bed. That is a very expensive alternative to providing prevention and health promotion activities to a total new generation in not only the family system, but the school system or religious system. So, it is a viable economic alternative to treatment.

May I give you an example? In my State, beer and wine are, by law, nonalcoholic and nonintoxicating. If I want to take distilled spirits in my car, they must be locked in my trunk. But I can go and buy a six-pack or a bottle of wine if I am 18 years or older and drive on any highway in the State, except in a few cities that have prohibited it.

We have been working with the legislature, with the support of the beverage industry now. Three years ago, we had opposition; 3 years later, we have their support to make that against the law.

We think that we can minimize or reduce the alcohol-related fatalities, age 15 to 24, significantly, probably as much as we could by raising the drinking age, which is another option which I am not so sure is viable.

So, good public health policy and practice does not cost a lot, but it can save lives and prevent, I think, additional problems and loss. Perhaps by the confrontation it affords early in the abuse behavior, it might even prevent alcoholism.

Senator HUMPHREY. Very well. I thank each and every one of you for your patience.

Mr. Steinhauer, did you want to add something?

Mr. STEINHAUER. Senator Humphrey, if I could just make one last comment that was prompted by your questions, in addition to my role as volunteer, I have some involvement with medicine and education.

The question that you asked about whether doctors ask questions about alcohol when they talk to patients—I think that also could be applied to the schools, and I think that our governing authorities have been very good about telling us that we have to ask the question. I would say that in many cases, the question is asked.

The difficulty is for the person asking the question to understand the answer. I think that since 1936, each State's constitution has required that some education relative to alcohol be included in curricula, and yet we have not done well at that.

I do not mean this disparagingly about Michigan State University; it is my alma mater and a fine school. But we have three medical schools on that campus and perhaps one of the largest teacher factories in the world, and yet we have very little to offer as it relates to alcohol education.

I think that the Government and the regulatory bodies have done a better job at telling us what we must do than helping us prepare people to do it.

Senator HUMPHREY. Fine.

Thank you all very much.

[The prepared statement of Mr. McCord and questions with responses follow:]

TESTIMONY BEFORE THE SUBCOMMITTEE ON ALCOHOL AND DRUG ABUSE  
OF THE COMMITTEE ON LABOR AND HUMAN RESOURCES  
UNITED STATES SENATE  
FEBRUARY 24, 1982

By William J. McCord, Director  
South Carolina Commission on Alcohol and Drug Abuse

In examining the future of prevention activities, it is perhaps wise to start at the beginning, and remind ourselves of some fundamentals. We can then focus on the appropriate roles of everyone concerned in the prevention effort.

The basic reason that individuals become involved in self-destructive behavior is that there is an incongruency within themselves and within their environment. That is, they do not feel that they have a clear mandate from themselves or their environment to act in their own best interest. They therefore turn to something outside themselves to achieve at least momentary relief from the pain of living in constant turmoil. What they turn to may be overeating, overwork, extreme religiosity, sexual acting out, or a host of other possibilities, but what they most often turn to is a psychoactive substance, especially alcohol.

This process can be likened to a medical problem. First, an individual becomes, for some reason, out of harmony with their physical self and their environment. For example, they may be in a rundown condition, and while in that condition, are exposed to a virus. They become ill and require rest and medication so that their body can achieve the harmony which we call health.

The public health field recognized this interaction many years ago and developed two concepts which provide a method for controlling public health problems. The first concept is the prevention continuum, and the second is the three-factor approach.

The public health continuum is based upon the concept of primary, secondary and tertiary prevention. Primary prevention involves avoiding the clinical manifestations of health problems. Secondary prevention focuses upon early detection and remedial action. Tertiary prevention addresses the cure of the disabling effects of the problem and the prevention of its recurrence. This last category of prevention has most frequently been associated with the process of treatment, while primary and secondary prevention have involved information, education, alternative and intervention approaches to the problems of alcohol abuse. The fundamental objective of alcohol abuse prevention is to assist youth and adults to develop into healthy productive members of our society. Toward that end, prevention involves the process of "enablement," in which prevention professionals, lay persons, family members and friends who are concerned, help others create positive attitudes, values, behaviors, skills and lifestyles. Ultimately, it is hoped that this will enable youth and adults to mature as happy and competent citizens who need not resort to the use of alcohol and other substances.

The three-factor approach recognizes that there are three parts to a public health problem. In terms of alcohol abuse these are the host (the individual), the agent (alcohol) and the environment (the society). All three are points for influencing abuse and all three must be dealt with in a community or society-wide attack on the problem.

Alcohol abuse programs relating to the continuum or the three major components should not be seen as separate entities. Rather, they are a continuous progression of strategies that meet identifiable needs, ranging from birth to death. There is no clear division between primary, secondary and tertiary programs. These various approaches are designed to identify critical points in an individual's, group's or society's life. With this identification, limited resources will have a higher likelihood of changing lifestyle in a positive direction. The development of programs and strategies along this continuum has widely varying personal, social, political and economic considerations. It is known that agent factors, such as the kinds, the amounts, the effects and the availability of alcohol, contribute significantly to alcohol abuse problems. Therefore, our agency supports informing the public about the affects of alcohol and other drugs and to the hazards of using them uncritically.

The South Carolina Commission on Alcohol and Drug Abuse also attempts to promote policies and practices which influence alcohol availability, price, distribution, distribution arrangements and consumption practices. Such goals are best pursued through an array of public education efforts, as well as by advocating appropriate legislation. Groups such as physicians, legislators, distilleries and breweries can act in an effective and expanded matter by doing their part to reduce alcohol abuse. However, these groups need to be sufficiently motivated to prevention and mobilized by those in the field of prevention. This represents an acknowledgement that we all have a sure goal in minimizing the occurrence and severity of disability and reducing the incidents of premature death related to the abuse of alcohol. Herein, organizations and systems are seen as benefiting society and its human beings by reducing the illegal, irresponsible and inappropriate use of alcohol.

Most factors in alcohol abuse involve an individual's motivation for using alcohol. Individuals are frequently motivated to engage in alcohol abuse by the perceived need to eliminate their stresses and to define pleasure through alcohol. By engaging in the uncritical use of alcohol, individuals replace the constructive, pleasurable, and meaningful benefits which are naturally derived from healthy development and effective living. The South Carolina Commission on Alcohol and Drug Abuse attempts to promote healthy development and effective living skills by providing learning and skill development experiences, such as effective education, values clarification, peer counseling, alternative recreation activities, communication training and decision-making training for appropriate groups of individuals. Consequently, we support policies and programs which promote healthy development and effective living skills.

In particular, we support those activities which (1) strengthen identification with viable role models, (2) strengthen identification with and responsibility for "family processes", (3) develop problem solving abilities, (4) develop inter-personal skills, (5) develop enter-personal skills, (6) strengthen system skills, and (7) develop detrimental skills. Such primary



prevention activities provide opportunities to support the development of personal living skills and responsible decision making. By strengthening individuals, families and groups with resources necessary to constructively confront complex stressful life conditions, people are able to live personally satisfying, enriching lives. Through this there is the reduction of demand for alcohol.

Environment factors on alcohol abuse also need to be addressed. Social, cultural, political, geographical, religious, ethnic, educational, legal, economic and family all have an influence on the degree of consequences of alcohol abuse in this pluralistic society. Therefore, we support those prevention efforts which enhance each community's capacity to mobilize organizational and legislative efforts to change those systems that impact negatively on the environment relative to alcohol abuse.

The aim here is to minimize those environmental norms and factors that contribute to the problems of alcohol abuse. We advocate those actions, policies and procedures which are designed to shape our culture and our systems with their norms and policies in a way that is supportive of healthier lifestyles. These efforts take for granted that strengthening the individual is insufficient and that responsible citizens and agencies ought not to neglect the environment, but rather to build on social and cultural bases.

The role of the federal government must be to provide policies which are realistic responses to agent and environmental issues. Many of these issues are best addressed at a national level because of the complexity of the problems. For example, the content labeling of beer is a policy issue requiring federal attention.

In addition, the federal government should continue to support the state planning efforts. These efforts are bearing fruit in state-level policy changes and in coordinating prevention programming at the local level.

The provision of host services is best carried out at the local level, with the support of the state. At this level, the private sector also has a very important role to play, sharing the provision of services with local government. Examples of such programs are attached.

The SCCADA does not endorse any one of the above approaches to the exclusion of the others. The balance and combination of approaches is the key within the unique demands of each situation. More than likely, the situation will help determine what combination of approaches is best.

Given the negative health implications and extend of the problem for adults and adolescents in particular, continued vigilance in the prevention of alcohol abuse is needed to keep the problem in the public view and to deal with its consequences. More significantly, more vigorous efforts are needed to identify and disseminate effective prevention of alcohol abuse strategies that can be used by families, schools, and communities.

## THE SCCADA'S POLICY STATEMENT ON PREVENTION

Alcohol and drug abuse in today's American society presents a major health problem if not the major challenge to public health and safety promotion. There is the need then for a policy statement which lays out the proactive nature of prevention of alcohol and drug abuse problems. This policy statement, based on scientific research and practical experience is offered as an account of current operating principals that can form the basis for present approaches and yet remain open to further development.

The South Carolina Commission on Alcohol and Drug Abuse (SCCADA) views alcohol and drug abuse as perhaps the major public health problem, addresses itself to the issue of prevention along a multi-faceted dimension: (1) the agent (alcohol and drugs); (2) the host (the individual); and (3) the environment (society).

This three factor approach--the host, agent, and environment--coupled with the concept of primary, secondary and tertiary prevention, provides the conceptual foundation for the SCCADA's prevention efforts. Primary prevention and treatment are not polarized, but constitute aspects of a continuum.

Alcohol and drug use and abuse programs relating to this continuum, while divided into three major components--primary, secondary and tertiary prevention--should not be seen as separate entities. Rather, they are a continuous progression of strategies that meet identifiable needs ranging from birth to death. There are no clear divisions between primary, secondary or tertiary programs. These various approaches are designed to identify critical points in an individuals, groups, or society's life where an investment of limited resources will have a higher likelihood of changing lifestyle in a positive direction. The development of programs and strategies along this continuum has widely varying personal, social, political and economic considerations.

It is known that agent factors such as the kinds, the amounts, the effects and the availability of chemicals contribute significantly to substance abuse problems. Therefore, the SCCADA supports informing the public about the effects of alcohol and other drugs and the hazards of using them uncritically.

The SCCADA also attempts to promote policies and practices which influence alcohol and drug availability, price, distribution, arrangements and consumption practices. Such goals are best pursued through an array of public education efforts as well as by advocating appropriate legislation. Groups such as physicians, legislators, pharmaceutical companies, distilleries and breweries can act in an effective and expanded manner by doing their part to reduce substance abuse. However, these groups need to be sufficiently motivated to prevention and mobilized by those in the field of prevention. This represents an acknowledgement that we all have a shared goal in minimizing the occurrence and severity of disability and reducing the incidents of premature death related to the abuse of alcohol and other drugs. Herein, organizations and systems are seen as benefiting society

and its human beings by reducing illegal, irresponsible and inappropriate use of alcohol and other drugs.

Most factors in alcohol and drug abuse involve an individual's motivation for using alcohol and other drugs. Individuals are frequently motivated to engage in alcohol and drug abuse by a perceived need to eliminate distress and to find pleasure through chemicals. By engaging in the uncritical use of drugs individuals replace the constructive, pleasurable and meaningful benefits which are naturally derived from healthy development and effective living. The South Carolina Commission on Alcohol and Drug Abuse attempts to promote healthy development and effective living skills by providing learning and skill-developing experiences such as affective education, values clarification, peer counseling, alternative recreation activities, communication training and decision-making training for appropriate groups of individuals. Consequently, the SCCADA supports policies and programs which promote healthy development and effective living skills gained through affective education and alternative recreation activities.

In particular, the SCCADA supports those activities which (1) strengthen identification with viable role models; (2) strengthen identification with and responsibility for "family processes"; (3) develop problem solving abilities; (4) develop intra-personal skills; (5) develop interpersonal skills; (6) strengthen system skills; and (7) develop judgmental skills. Such primary prevention activities provide opportunities and support for the development of personal living skills and responsible decision-making. By strengthening individuals, families and groups with resources necessary to constructively confront complex, stressful life conditions people are enabled to live personally satisfying and enriching lives. Through this there is the reduction of demand for chemicals. Proactive prevention is accomplished in part by having a society of healthier individuals.

Environmental factors in alcohol and drug abuse also need to be addressed. It is known that the social, cultural, political, geographical, religious, ethnic, educational, legal, economic and family milieu has an influence on the degree of consequences of alcohol and drug abuse in this pluralistic society. Therefore, the SCCADA supports those prevention efforts which enhance each community's capacity to mobilize organizational and legislative efforts to change those systems that impact negatively on the environment relative to substance abuse. One example of this is the phenomenon of the Parent Power Movement and its potential to shape our communities towards a drug free culture.

The aim here is to minimize those environmental norms and factors that contribute to the problems of alcohol and drug abuse. The SCCADA advocates those actions, policies, and procedures which are designed to shape our culture and our systems with their norms and policies in a way which is supportive of healthier lifestyles. These efforts take for granted that strengthening the individual is insufficient and that responsible citizens and agencies ought not to neglect the environment but rather to build on social and cultural bases.

The SCCADA does not endorse any one of the above approaches to the exclusion of the others. Balance and combination of approaches is the key within the unique demands of each situation. More than likely, the situation will help determine what combination of approaches is best.

In summary, the South Carolina Commission on Alcohol and Drug Abuse places its highest priority on the prevention of alcohol and drug abuse by influencing the availability of alcohol and drugs or agent factors and by influencing the reduction of demand for them through the modification of environmental factors and the strengthening of host resistance. To this endeavor, SCCADA commits all its fiscal and human resources possible.

FIGURE 1: EXISTING PREVENTION PROGRAMS

|                                                                               | AGENT | HOST | ENVIRONMENT |
|-------------------------------------------------------------------------------|-------|------|-------------|
| Family Fest                                                                   | X     | X    | X           |
| Prescription Drug Task Force                                                  | X     |      |             |
| U.S.C. Campus Alcohol Project                                                 |       | X    |             |
| Sunier Channel One                                                            |       | X    | X           |
| Sunier YMCA Prevention, Education Project                                     |       | X    |             |
| Barnwell County Prevention,<br>Education Project For Mentally Retarded Adults |       | X    |             |
| Family Initiatives                                                            | X     | X    | X           |
| Parent's Task Force                                                           | X     | X    | X           |
| Aiken Channel One                                                             |       | X    | X           |
| Dorchester Prevention Project                                                 |       | X    | X           |
| Impact Efforts on other State Agencies                                        | X     | X    | X           |
| Ongoing Legislative Initiatives                                               | X     | X    | X           |
| Specific Problem Directed Media Campaigns                                     | X     | X    | X           |
| Clearinghouse                                                                 | X     | X    | X           |
| Barnwell Recreation Project                                                   |       | X    | X           |
| The S.C. Women's Medical Auxiliary Task Force                                 | X     | X    | X           |
| School Grants Project (27 Programs Covering 35 School Districts)*             |       | X    | X           |
| Community Based Prevention Programs (20)                                      | X     | X    | X           |
| The S.C. Primary Prevention Council                                           | X     | X    | X           |
| The S.C. PTA Alcohol and Drug Prevention/Education Project                    |       | X    | X           |
| School Intervention Programming (25 Programs)                                 |       | X    |             |
| SCCADA Prevention Advisory Committee                                          | X     | X    | X           |
| The S.C. Committee on Pastoral Care in Alcohol and Drug Abuse                 | X     | X    | X           |
| The S.C. Prevention Addiction Coordinator's Network                           | X     | X    | X           |

\* Some no longer funded by SCCADA but still operating

## Question #1:

WHAT FUNCTIONS DO YOU FEEL THE 20% SET ASIDE FOR PREVENTION IN THE BLOCK GRANT SHOULD BE USED FOR BY THE STATES?

If you will refer to the attached prevention policy statement of the National Association of State Alcohol and Drug Abuse Program Directors, you will note that the public health model of prevention recognizes primary, secondary and tertiary prevention. There is no question that all primary prevention activities should be supported by the 20% set aside. The problem is secondary prevention or early intervention where people with high risk symptoms are identifiable and are confronted with that symptomatology before it progresses into the illness of alcoholism or drug addiction. Secondary prevention differs from tertiary prevention in that intervention systems in the tertiary range of the scale look for recognition and identification of a disease at its earliest stage. It is our feeling that 20% of prevention funds should be used for all primary prevention activities and certain secondary prevention (or early intervention) activities such as programs dealing with the drunken driver, certain occupational or employee assistance programs, criminal justice intervention programs specially geared to youth, and intervention programs within the school system such as the ScIP (School Intervention Program) we have here in South Carolina (see attached brochure). I am also enclosing a South Carolina Commission on Alcohol and Drug Abuse document entitled "Proposed Budget for Block Grant Prevention--Early Intervention Program" which has some budget items but also detailed programmatic description of the various funded projects which I hope will be helpful.

## Question #2:

HOW CAN THE STATE AND FEDERAL GOVERNMENT MAKE THE MOST OF THEIR RESOURCES AND INFORMATION DISSEMINATION?

Several effective means by which both the state and federal government could make the most of their resources and information dissemination are contained in the following list.

1. Resources from the federal government should be made available to the states in two basic formats:
  - a. Limited numbers of printed material
  - b. Camera-ready plates for printing by the requestor
2. Resources on the federal and state levels should not cover the waterfront, but should represent basic informational needs of the public regarding the subject of alcohol and drugs.
3. Specialized requests from the states to the federal government for information beyond the basic material should be handled through a research component that would, on a cost basis, respond to these requests.



4. Specialized requests from state populations to single-state authorities for information beyond the basic material should be handled through a research component that would, on a cost basis, respond to these requests as deemed necessary.
5. An effective information/communication network should be developed between the federal government and the states. Duplication of efforts and expense could be eliminated if this was implemented.
6. The states should develop information network systems to share information between related state agencies and other libraries and information resources. This would enable states to respond more effectively to requests of the general public.

### Question #3

#### HOW ARE PUBLIC INFORMATION CAMPAIGNS SPONSORED BY NIAAA, NCA AND OTHERS WORKING IN THE STATE?

Single State Authorities have profited from mass media campaigns sponsored by NIAAA, especially in the following areas:

- Annual countermeasures that reinforce states' initiatives;
- Free topic specific printed materials that have a span of usage much longer than that of a specific campaign;
- Flexibility of implementation that allows states to enhance local mass media efforts; and
- Involvement of single state authorities in the planning of campaigns in order to ensure suitable mass media messages.

The National Institute of Drug Abuse has paralleled NIAAA's mass media efforts.

Unfortunately, there has been no sponsorship by NCA of mass media efforts that impact primarily on single state authorities.

### Question #4

#### DO YOU PERCEIVE AN INCREASE IN PRIVATE VOLUNTARY INVOLVEMENT IN THE PREVENTION OF ALCOHOL ABUSE

The alcohol and drug system in the State of South Carolina realized during the last fiscal year the involvement of over 20,000 individuals in volunteer assistance. This represents an increase of over 50% of individuals providing no-cost services to this system. In determining the fiscal amount for these voluntary services, if one was to place a rate of \$4 for one service hour donated by each of these volunteers (which is a very low rate of return), one would realize a \$2.4 million contribution to this state's alcohol and drug system. The figure was computed by multiplying \$4 times an average of three hours per day by 20,000 volunteers for an average of 100 days.

There is a definite increase of voluntary assistance in the area of alcohol abuse prevention. The growing movement of parent power groups and other groups such as MADD, etc. have enhanced programming by alcohol and drug programs nationwide to an extent that has not been computed to date. With the new federalism concept, alcohol and drug systems will look more to voluntary assistance to enhance the roles and functions of paid employees. In conclusion, the economic situation and the growing movement of parents in alcohol and drug abuse prevention will, on a nationwide basis, dictate continuous and expanded roles for volunteers.

#### Question #5

##### HOW CAN STATES ASSIST THE VOLUNTARY SECTOR MORE EFFECTIVELY?

States would be more effective in harnessing the energy and enthusiasm of the voluntary sector and in providing more effective assistance if the following strategies were devised and utilized:

- Clear understanding of purpose and goals of particular voluntary efforts;
- Effective recruitment and placement procedures for volunteer assistance;
- Appropriate recognition of volunteer efforts;
- Appropriate training and/or communication between the voluntary sector and single state authorities; and
- Appreciation of issues and concerns of volunteer groups and appropriate responses to these issues.

These strategies are among the most effective methods for developing strong relationships with voluntary groups and single state authorities.

#### Question #6

##### HOW CAN ACTION'S PREVENTION PROGRAMMING BE MOST EFFECTIVELY COORDINATED IN STATES?

It appears that the new initiative by the Federal Office of Actions in the area of alcohol and drug programming is timely. This is especially vital because of federal and state funding cuts experienced by alcohol and drug abuse prevention programs nation wide. The Single State Authority in South Carolina, in its thrust for increased volunteer participation, plays the role of broker between the state's Action office and the local commissions on alcohol and drug abuse. In this role, it coordinates the program and provides necessary support to participating counties. This assistance is provided to ensure that the purposes and intent of the Vista Program are fully realized.

The most obvious drawback of this new initiative is the lack of coordination between the ODP with both the Single State Authorities as well as the Prevention Branch of the National Institute on Alcohol Abuse and Alcoholism. While the objectives are to encompass both alcohol and

drugs, the principle coordination by ODP has been with the National Institute on Drug Abuse. And, while a primary prevention strategy should be both alcohol and drugs, there are some distinct philosophical differences that might impact counterproductively at the state and local level if such coordination is not built into the national design.

In order to effectively coordinate the Action initiative for prevention programming, it appears that it is a must for the Single State Authority to have a principal responsibility of coordination if this program is to benefit existing alcohol and drug programs at the state and local levels.

Senator HUMPHREY. Our third panel is comprised of Otto Moulton, treasurer of the National Federation of Parents for Drug-Free Youth; Mr. Barry Rhodes, deputy director of the New Hampshire Office of Alcohol and Drug Abuse Prevention; Mr. Robert Kramer, coordinator of the drug and alcohol program of Anne Arundel County, Md.; and Mrs. Beverly Kinard, president of the Colorado Federation for Parents, Inc.

We welcome you all and thank you for your patience. Mr. Moulton, will you proceed?

**STATEMENT OF OTTO MOULTON, TREASURER, NATIONAL FEDERATION OF PARENTS FOR DRUG-FREE YOUTH; BARRY RHODES, DEPUTY DIRECTOR, NEW HAMPSHIRE OFFICE OF ALCOHOL AND DRUG ABUSE PREVENTION, ON BEHALF OF DONALD J. McCONNELL, EXECUTIVE DIRECTOR, CONNECTICUT ALCOHOL AND DRUG ABUSE COMMISSION; BEVERLY J. KINARD, PRESIDENT, COLORADO FEDERATION OF PARENTS, INC.; AND ROBERT G. KRAMER, COORDINATOR, DRUG AND ALCOHOL PROGRAM, ANNE ARUNDEL COUNTY, MD., A PANEL**

Mr. MOULTON. First of all, Senator Humphrey, we all know you are with us 100 percent. You have been very helpful to the National Federation of Parents, and I wish to express our gratitude and personally thank you.

Senator HUMPHREY. Thank you.

Mr. MOULTON. My concern is that there should be a nationwide standard school drug policy guideline. There is an excellent one already published written by Dr. John Langer of the Drug Enforcement Administration that should be put into effect immediately: "School Drug Abuse Policy Guidelines"—U.S. Government Printing Office: 1980 341-234/1045. It is imperative that the teacher, parent, and student know the rules and follow them if we are to achieve our goal of drug-free youth in America.

My next major concern is the lack of current updated information available for readers in our libraries and schools. In my travels throughout the country I have found that libraries have information that is 10 years old. The Museum of Science in Boston does not have the most recent information. Government publications recommend resource material that is outdated.

The 1973 hearing on "Drug Abuse in Our Schools" by the Select Committee on Crime was an excellent report and no one paid any attention to it. We did not follow any of its recommendations. It stated that with the present drug epidemic in our schools, only the unique and gifted child would ever be able to resist the drug culture. It also reported that our legal and medical education had fallen down.

The May 1981 issue of PTA Magazine reports that marihuana is burning out our young. I do not mean to just emphasize marihuana because we all know that alcohol/drug abuse is destroying our country, and something has to be done.

At the hearings last October 1981, Senator Roth asked a very good question, "Why do we have so many young people on drugs?" We know that once they get into it, they like it; it is a pleasurable thing to do.

The sad thing is, the information that has been around has been derelict. Dave Toma has written a book in which he states, "If the physicians do not know the truth about marihuana, the shrinks do not know, the politicians do not know, and the educators do not know, then how in the hell are the children supposed to find out? The parents owe it to their children to find out the truth." I do not think I have read a truer statement.

Now, I am going to say where I come from. I am in the machine tool trade. Machinists are a pain in the neck; I have got to tell you that. What we produce has to be accurate. There is no gray area; it is black or it is white, and maybe that is the way I am. I have to run my business that way because the product that we produce may be vital to human life. We do things for outer space and the military, so our responsibility is to adhere to very stringent rules in what we produce.

That is where I think we have failed. I think we have been careless in the programs that we have set up. I am not here to hurt people, but just to lay the cards on the table.

Last week I spent one of the most enjoyable times of my life in Colorado talking to parents and students. A parent gave me the book "This Side Up" (a 1979 NIDA publication) that she received from her State agency. Going through this research I have become very critical of the wording. We had complained about this book 2 years ago, and Dr. Pollin agreed to discontinue it. Page 12—the medical information on marihuana is not as concise as it should be for 1979. It ridicules the Government on its indecision classifying marihuana and says they cannot even make up their mind on its spelling. Page 17—four very short paragraphs on cocaine and the only cautions about using it is that it can damage the membranes in the nose, and psychological dependence is very strong. Page 48—nine steps to organize your school to make changes that you want. Page 57—"the science teacher giving out information is biased; the hotline counselor is not." Page 63—they tell a kid that if your friend has a drug problem, don't report him to the school authorities or law enforcement. "If you do, it means that you are giving up your role as a friend. If he is really in trouble, you might have to get help for him yourself." I feel that these statements downplay law enforcement and authority and puts the burden of choosing the correct help on the youngster.

"This Side Up" was supposed to be replaced by a new book, "Say No" printed in 1981. On page 19 it states: "Is marihuana safe? There is still much to be learned about the long-range effects of marihuana. There is no good evidence, however, that marihuana can be harmful." Now, that is absolutely a double message.

Senator HUMPHREY. Who publishes that? Is this on the NIDA reference list?

Mr. MOULTON. Yes, here it is, "Say No." That is the one that Dr. Pollin said to you in your letter than they were going to use. Now, I want to tell you something. I like Dr. Pollin, and I want to tell you one of the reasons why; there are more than one, by the way, but this one in particular.

In the Boston Herald on November 24, he made a strong statement, and we need more of this. Dr. Pollin raised the suspicion that "those experts that spread the phony facts about marihuana



being harmless did not examine the problem from the clinical or objective detachment of science. Instead, they acted on behalf of the drug culture. In effect, they stacked the deck, and if that is science, then that is a shell game. There is not much difference between the two."

I have to apologize right now to Dr. Pollin that I did not call him up immediately to thank him for getting that statement in the paper. The Committees of Correspondence Newsletter printed 3,000 copies and sent them all over the country. That is a very important statement, and those are the things that we need, sir.

Senator HUMPHREY. Yes.

Mr. MOULTON. But I say it is like two messages; you know, this has got to stop. I apologize to Dr. Pollin and NIDA. Look, we need everybody working on the ball club to win it, right? I had to bring that up.

Senator HUMPHREY. Well, I will look into that. You have been very effective in the past.

Mr. MOULTON: I know; I agree, Senator. [Laughter.]

Senator HUMPHREY. I do not have time to read all that stuff.

Mr. MOULTON. I know; I agreed. You have got a lot of things to do.

I must say a few words about the book "Licit & Illicit Drugs: A Consumers Union Report," published in 1972 and written by Edward M. Brecher, et cetera. The information on marihuana was done by an outfit called STASH. In my opinion this book has done more damage as far as information is concerned than any other publication I have read. It is in many libraries and colleges throughout the country. Keene State College in New Hampshire is using a segment of this book in their health curriculum class. This is unbelievable as this information is 10 years old.

In 1970 it is true that we did not have a lot of biological information, and in all fairness, we have to take that into consideration. It should be labeled for what it is—outdated, and should not appear in Government publications any more.

On page 189, it talks about the Vietman war in 1971. At a hearing in that period to time, it was brought out that there were problems in our service in Vietnam. So, we sent Dr. Norman Zinberg over to analyze the problem, and Dr. Norman Zinberg is what you might call the high potentate of NORML. This guy does not think there is anything wrong with marihuana or any drug.

I think we made a mistake in sending that type of person because he was biased. He is entitled to his opinion. He said to the military and to the Defense Department that because our tactics were scare tactics, that is why we had 40,000 kids on heroin at the time. Of course, the news media, God bless them, picked that up and blew it out of proportion.

I have the document that was printed by the Federal Government in 1971, and no way is that scare tactics. In fact, at that point in time, I think it was an excellent analysis of marihuana. So, I will challenge any newspaper or Dr. Zinberg any day of the week that the Federal Government blew it out of proportion; they did not. In fact, now, this thing, in some cases, you can say almost works in reverse, but you have got to take it in the right era of time.



This book has a right to say what it wants, and I do not mean that we go running to the libraries and burn the book.

Senator HUMPHREY. Will you provide us with a list of those Government publications that recommend that as a reference?

Mr. MOULTON. A few of the Government publications that have listed "*Licit and Illicit Drugs*" as a resource reference are:

Drugs of Abuse—magazine published by the Drug Enforcement Administration from 1975-81.

Drug Abuse Prevention for Your Community—NIDA.

Drug Abuse Prevention for You and Your Friends—NIDA.

Drug Abuse Prevention—NIDA.

Let's Talk About Drug Abuse—DHEW (ADM)78-706.

A Family Response to the Drug Problem—DHEW (ADM)79-360A.

Drug Abuse Prevention for Low-Income Communities—DHEW (ADM)79-590.

It Starts With People—DHEW (ADM)79-590.

I think this has done more damage as far as information is concerned than any piece of literature that I have ever run across. You know, we do not have time to go through it all, but I guarantee you that that is A number one bad.

Our children are coming back and saying, "Well, hey, they say in this book and they say in that book. \* \* \*"

Senator HUMPHREY. You mentioned the fact that a number of Government publications list this book as a reference.

Mr. MOULTON. That is right.

Senator HUMPHREY. If you can provide us with a list of those Government publications that refer people to this, I would appreciate it.

Mr. MOULTON. In some cases, it is the only place a person can get any information on marihuana.

Senator HUMPHREY. All right.

Mr. MOULTON. Drug abuse education in the primary grades is extremely important. I was very impressed with a presentation at the Hall of Life in Colorado. TAM, a transparent anatomical mannequin, is one of the most fantastic vehicles I have ever seen for health education. A new program could be made on the effects of alcohol/drugs/tobacco on the organs of the body; videotape it and distribute it throughout the country to all sixth grade students. It should be required viewing by all school age children—it is too good to miss.

That you very much Senator.

[The prepared statement of Mr. Moulton and questions with responses follow:]

## TESTIMONY BEFORE THE SENATE JUDICIARY COMMITTEE

FEBRUARY 24, 1982

CHARIMAN SENATOR GORDON HUMPHREY

Presented

by

Otto Moulton

Former Drug Enforcement Administrator Peter Bensinger stated "Marijuana is the largest single drug problem we face in the United States. The last three administrations have failed to face it."

Recent evidence confirms former studies which showed that marijuana does create significant health problems such as chromosome, lung, and brain damage, loss of perception and loss of memory; marijuana is also responsible for other social costs associated with crime. The millions of people who use marijuana do so because they have not been discouraged from using it. Its effect on teenagers are alarming. It creates disrespect for the law, greater numbers of school drop-outs, lower test scores, more accidents on the highway and in industry. In the military, the immediate problem with marijuana usage can be summed up with the question 'Do we want individuals under the influence of a mind-altering drug such as cannabis flying our airplanes and pulling the triggers of sophisticated weapons?'

The health issues and the criminal-associated costs just have not captured the attention of this nation's principal policy-makers. We must discourage the use of marijuana. There must be enforcement of existing laws. There must be an international effort to reduce availability. There must be accurate up-dated educational programs provided to users, parents, teachers, libraries and community service organizations.

I will now present some of the reasons why this country has not faced the enormity of the marijuana problem and offer some of my suggestions for remedying this situation.

\* David Toma, former narcotics officer, author and lecturer on the subject of drug abuse states in his book: "If the physicians don't know the truth about marijuana and the shrinks don't know, if the politicians don't know, and the educators don't know, then how in the hell can the children find out?" This statement sums up the drug situation as it stands today. We must educate the American public on the health hazards of all drugs, particularly marijuana, and on the indiscriminate use of prescription drugs.

In 1981, Senator Roth asked the question "Why do we have so many young people on drugs?". Today, I will attempt to

\* David Toma and Irv Levey. "Toma Tells It Straight-With Love"

answer that question. During a meeting I had recently with Mrs. Nancy Reagan, she said that it was regrettable that one report had misled so many young people as to the effects of marijuana. However, it was not just one report which misled anyone. It was a series of seemingly well-orchestrated booklets, pamphlets, movies, and speeches by various so-called experts which led to the prevailing belief in this country that marijuana was not a dangerous drug.

Following are some of the examples of reports of hearings which were ignored: erroneous statements of "experts" which were allowed to be printed and distributed through and by the federal government; instances of occasions in which these so-called experts were sent as representatives of the United States government to gather facts upon which many decisions and prevailing attitudes within the government were based and examples of entire agencies who manipulated and ill advised the American public.

In 1972, the Subcommittee to Investigate The Administration of the Internal Security Act and other Internal Security Laws of the Committee On The Judiciary of the United States Senate had hearings and published the results of these hearings under the title 'World Drug Traffic and Its Impact On U.S. Security'. I would like to quote several passages from these hearings which show that even ten years ago, there was evidence that drug traffic and use was alarmingly increasing and that this evidence was not distributed in any significant manner. "Despite our every effort to keep drugs out of this country, illegal narcotics are coming in at an alarming and ever-increasing rate. Our present anti-drug apparatus has so far not been able to cope with the tremendous influx of drugs. In spite of all we are doing to combat the flow of drugs, we are being overwhelmed. The situation is critical. I am convinced that we are now losing this battle; and if prompt decisive steps are not taken, we will most assuredly lose the war against drugs. America and our society as we know it is in serious and imminent danger."..."This is a deadly serious situation. Unless America can conquer drugs, drugs will surely conquer America."

Mrs. Suzanne Labin, a French writer and journalist and author of fifteen books, testified at this hearing which was known as 'The Hashish Trail, Part 2'. Mrs. Labin has made sixteen around-the-world tours and has studied drug addicts and drug traffickers throughout her travels. She has studied most of the existing literature and research on drugs and discussed the matter with renowned specialists, physicians, psychiatrists, directors of rescue services, representatives of hospitals and the Red Cross, the Chief of the U.S. Bureau of Narcotics in Paris, chiefs of French narcotic squads, Ministers of Information, together with ambassadors and consuls in the

capitals she visited along what she calls 'the hashish trail'. In her testimony, she stated "the so-called progressive intelligentsia has shed, through the mass media of communication, torrents of propaganda presenting the "hippie drug culture" with an interesting aura, as a pristine upsurge of our "advanced" youngsters, to enlarge human potentialities beyond the dull limits imposed by our ugly society. This propaganda, through press, books, lectures, film, TV, magazines, songs, buttons, posters, mass rallies, and happenings, has reached much greater proportions than is commonly realized. The so-called underground hippie press has, in fact, an open circulation of millions of copies each week, most of which chant loudly the marvels of drugs. The record makers of the establishment have issued tens of millions of records alluding to the marvels of drugs...I have met dozens of school principals who refrained from repressing drugs in their establishments in order not to appear backward. And I can assert that this multifarious propaganda has been most responsible for the spread of drugs among the youth, always eager to try something new, forbidden, but glamorous. In France, the anti-drug law forbids all forms of pro-drug propaganda. But not in the United States, because of the too absolute interpretation of the too absolute interpretation of the first amendment. Justice Holmes once said that the freedom of speech does not permit one to scream, "Fire, Fire" in a theatre, because that endangers the life of the people. But to propagandize in favor of drugs endangers the life of society much more

All of the drugs, after long usage, undermine the two principal pillars of all civilizations: in the realm of the mind, the power of reasoning; and in the realm of the soul, the will. Without the ability to think about the universe in a positive way, and without the impulse to act on it, there is no longer room for great works and, hence, there is no more real culture. That is why, should the use of drugs become permanent and universal, as the hippies demand, it would lead to the ruin of all human civilizations.

On September 18, 1972, these hearings before the subcommittee of the Committee On The Judiciary, continued with 'Research on Marijuana and Hashish'. Dr. Olave J. Braenden, a distinguished Norwegian scientist who in 1972 had been head of the United Nations Narcotics Laboratory in Geneva for fourteen years, testified at this hearing. He stated that "among the scientists working in the field, it would seem that there is a general consensus that cannabis is dangerous - opinions differ however, on the degree of the danger to the individual and to society. In my opinion, it seems that, as progressively more scientific facts are discovered about cannabis, the more one becomes aware of its potential dangers."

A report by The Select Committee On Crime, on June 29, 1973,

entitled DRUGS IN OUR SCHOOLS contained this information, "We are a nation suffering from a deadly disease. Our nation's youth is being decimated and slowly destroyed by a drug epidemic. Drug abuse proliferates and spreads like a contagious disease and has advanced to such a degree that it menaces the health of every child in this Nation today. And it appears that all of us are standing around waiting for somebody to do something about it.

It has often been observed that our attack on the Nation's drug abuse problem has at least three major facets-legal, medical and educational. Each of these approaches has been a dismal failure in not having significantly reduced the extent of drug abuse in the United States.

The American people have been losing the war against drug abuse for more than a decade. We have been losing the war because we failed to perceive the scope or the intensity of the problem. We have been losing the war because our efforts to combat it have been confused, disorganized and characterized by complacency. We have not marshaled the genius of the American people to combat this deadly menace. Only recently have we begun a concerted national effort to eradicate drug abuse..."Evidence that drug abuse has assumed the proportions of a national emergency is overwhelming...drug abuse in our schools is extremely widespread and growing worse. It is contaminating school populations in our cities, our suburbs, and even our rural areas at an unprecedented rate."

This information was made available in 1973 and we have yet to make any concerted national effort to rectify the situation.

On July 24, 1974, the United States Senate held Drug Hearings and it was brought out that books such as Lester Grinspoon's "Marijuana Reconsidered" and the Consumer Union's "Licit and Illicit Drugs", both of which took the stand that marijuana is not seriously dangerous and should be legalized, received rave reviews in the New York Times and the Washington Post and other newspapers, and the authors were invited to appear on various talk shows. But when Dr. Gabriel Nahas, a distinguished Columbia University scientist with more than 400 scientific papers to his credit, published a book entitled "Marijuana-Deceptive Weed", there was no review in the Times or the Washington Post and no invitation to appear on talk shows. When half a dozen Columbia University scientists wrote to the Times to suggest that Dr. Nahas's book had merit and should be reviewed, their letters were ignored. And when 16 professors and scientists at Columbia's College of Physicians and Surgeons signed a joint letter in January 1974 to the editor of the New York Times book review section urging that Nahas's book be



reviewed, this letter was also ignored.

At these same hearings, there was evidence from a substantial number of scientists whose research pointed to damage to the cellular system, primarily through reduced DNA and RNA synthesis. Professor W.D.M. Paton of Oxford University, who heads up the British drug research program and who is one of the world's leading pharmacologists, stated that he had grave concerns regarding grade school children exposed to marijuana, who might damage themselves in a manner which would make impossible their physical and mental maturation. Throughout these hearings, evidence was given showing how marijuana could damage the brain, the cellular system, the reproductive system and in general, the toxicity of cannabis through the body. There was also evidence given showing the damaging psychological effects of marijuana.

All of this testimony by some of the most respected and well known researchers in the world was virtually ignored and buried as far as the American public was concerned.

In 1971, the U.S. Senate held hearings on Military Drug Abuse. The Subcommittee on Alcoholism and Narcotics of the Committee on Labor and Public Welfare met on June 9 and 22. Testimony at this hearing included "It is understandable that the Armed Forces have had difficulty recognizing the seriousness of the drug plague and organizing effective programs to deal with it. Their business is armed conflict. They did not see the epidemic coming. Neither did the Nation see it coming. But now the epidemic is upon us. Decisive action to control it must be taken in the interest not only of our public health and well being but in the interest of national security. Those of us conversant with drug problems are aware that massive control moves must be taken - not in the future, but now. Even a few weeks' delay could have tragic consequences...To date, we have received no evidence that either the Department of Defense or the various services have responded realistically to the urgency of the problem or have chartered the kind of treatment-originated control programs that we consider imperative.

This was in 1971 - to date, they still have not responded adequately.

Senator Peter H. Dominick testified at this hearing and his statements included "The members of this subcommittee have spent well over a year looking into the problem of drug abuse in both the civilian and military society. It is clear from our inquiries that the military, drawing as it does from civilian society, reflects the drug problem of the civilian community. We have not seen a pretty picture. We have testimony before us which portrays a vivid picture of the misery and human suffering which heroin addiction causes. We have seen young men and women who have been unable to withstand the pressures of

living and who have turned to drugs as a way of escaping the pain which they feel. The road of escape has, for many of them, been a trail straight to the hell of drug addiction or dependence. This subcommittee and others in the Congress have been presented with clear evidence of the social effects of drug abuse. While drug addiction and dependence among our troops has not severely interfered with the mission of our armed services, we have paid a heavy price in law enforcement costs, in crime among the troops, and in the contamination of many young men who must later come back to take their places in our civilian society. The costs of drug abuse in our civilian society are apparent, too. The tremendous amount of crime that results from the addict's need to pay for his illegal drugs; the development of the criminal apparatus to supply the illegal drugs; the cost of law enforcement in trying to stop the flow of drugs; and the criminalization and alienation of many of our youth who should be taking their rightful places as the future hope of our nation; these are all part of the damage caused by the abuse of drugs in our country. We, as a nation, have been slow to recognize the true danger of this menace. This is true in both the civilian and military communities... What we...must do is to work closely with Defense Department, the Department of Health, Education and Welfare, and the Justice Department to forgo a comprehensive solution which will turn back the ugly tide of drug abuse in its nightmarish effects on the community."

In October 1970, a policy on drug abuse for all services included the following: all military members, Active and Reserve, are to be informed and educated about the hazards and consequences of using drugs; maximum efforts must be made to keep drug addicts from entering the Armed Services, and to cut off the sources of drug distribution within the Armed Services; where drug abuse occurs, the abusers must be dealt with quickly, firmly and fairly, but with enlightened methods that will insure the best interest of National Security and the individual user; military drug users are encouraged to turn themselves in for help as a means of overcoming their drug dependency; the military services are encouraged to conduct amnesty programs on a trial basis. These are to test the effectiveness of voluntary programs in which the military drug user can receive help without fear of reprisal because of his identification with the treatment program.

All of this testimony points to the fact that the drug problem was recognized in its severity over ten years ago. It remains the same, or possibly worse, today.

The Consumer Union's Report "Licit and Illicit Drugs states that in 1971, Norman Zinberg toured Vietnam on a fact-finding mission for the United States Department of Defense

and the Drug Abuse Council, the latter a "private agency set up to encourage reason and common sense in United States drug laws, policies and attitudes". Dr. Zinberg reported back that the army's antimarijuana campaign increased the use of heroin in Vietnam.

Dr. Norman Zinberg was then and remains today a vocal advocate of the decriminalization of marijuana. He is on the Board of Directors of the National Organization for the Reform of Marijuana Laws (NORML), an organization which has lobbied strongly on a pro-marijuana stance for the decriminalization of marijuana, as well as publishing many articles downplaying or negating the dangers of marijuana use. The Drug Abuse Council has also been associated with NORML, and it seems rather strange that the United States Government chose an obviously biased individual to be the one to do the "fact-finding" in Vietnam. Dr. Zinberg's record clearly illustrates that he would not be considered an objective observer.

In 1975, the 'White Paper on Drug Abuse' was published, which was a report to the President of the United States from the Domestic Council Drug Abuse Task Force. This report stated that although recent medical research indicated that marijuana is far from harmless and that chronic use could produce adverse psychological and physiological effects, in the light of widespread recreational marijuana use and the "relatively low social cost associated with this type of use"...the task force endorses a moderate view which includes deemphasizing simple possession and use of marijuana in its law enforcement efforts for the next several years. They did, however, recommend that vigorous law enforcement aimed at major traffickers should continue.

The rationale for the moderate view seemed to be based on the fact that marijuana use was widespread, and could be considered on a par with alcohol and tobacco use. They did not seem to take into consideration the fact that all the recent medical research pointed to proof showing the more research done into cannabis use, the more evidence was piling up as to the dangers inherent in using marijuana, even on a short-term basis.

This seemingly contradictory information becomes quite understandable when one examines the list of individuals who made up this task force. It includes some individuals who were also members of the Board of Directors of NORML as well as others who have spoken publicly as advocates of decriminalization.

The results of this survey indicate that the drug situa-

tion among the men and women of our armed services serving in Western Europe remains unacceptably severe.

Sixty percent of the lower enlisted personnel stationed aboard the U.S.S. Forrestal admitted using marijuana/hashish or other drugs while on duty in the month preceding the survey.

Sixteen percent of Army personnel and almost a quarter of the Navy personnel surveyed admitted using marijuana/hashish each and every day, making these young people chronic users of a debilitating substance," one which unquestionably alters the mind.

The overwhelming majority of service members surveyed rated the drug programs as "fair to poor".

The Hearing report stated "The full survey reveals a shocking level of drug abuse within our Nation's military. The Department of Defense, along with the services, needs to critically examine its programs. The Department of Defense has failed to develop effective treatment programs. Effective prevention programs for troops either do not exist or have not been used. The Department of Defense must evaluate what is being used currently to combat the drug problem and to develop those programs which are working, discard the ones that have failed, and share among the services ways of attacking the substance abuse issue....The Department of Defense and the military services are failing the American people by not insuring the combat readiness of the men and women who have volunteered to defend our country."

Congressman Glenn English reported that there has been no improvement in the drug abuse situation within the military since the 1978 hearings. He also stated that upon being told that the drug abuse problem in the services was a problem stemming from Vietnam, he was also led to believe that since we had left Vietnam and had gone to an all volunteer service, drug abuse was no longer a problem. Mr. English went on to say that upon beginning the investigation in 1977 they soon discovered that this was not correct. There is a growing concern among those privy to the reality of the drug problem within the military, that the billions of dollars being spent on defense will not be well utilized if those responsible for using the sophisticated hardware cannot be trusted because of their chronic and on-duty use of marijuana and other mind-altering drugs.

"We all recognize that drug abuse is a problem of our society and certainly the Department of Defense, and military personnel, our Armed Forces are part of that society....any problems that exist among the young people of this nation certainly are going to be reflected within the U.S. Military. But the main point is that given the state of our national

defense, given the world that we live in, we simply cannot afford the type of drug abuse problem in the military that presently exists."

Dr. John F. Beary III, Assistant Secretary of Defense (Health Affairs) also testified at this hearing. He stated that "The problem of alcohol and drug abuse in our Armed Forces just as in our society at large, is one of the most serious health problems confronting young people today...The current high prevalence of drug abuse in the military is unacceptable and we have to make progress. People who work in national defense jobs have important responsibilities which cannot be met if their alertness and judgement are compromised by the effects of drugs....additional priorities include education programs which stress newly recognized chronic health effects of cannabis. Early in the seventies there was an impression among many young people that this was a benign drug which had some short-term effects but that long-term effects weren't a problem....However, current research shows reason for concern in that regard. Memory impairment has been well shown. One recent example related by Dr. Bob DuPont, an expert in this field, concerned rock singers who could not remember lyrics to songs they had sung 500 or 1,000 times. And when they stopped daily use of marijuana, that memory impairment resolved to a large extent but one would still have concern as to whether there would be structural brain damage over the long term. "Carconogenicity is another fact. A marijuana cigarette has more carconogens than an unfiltered Camel. Alterations in reproductive physiology-decreased levels of testosterone FSH and LH- have been shown. There has also been shown to be fetal damage manifested by a four times increase in the miscarriage rate."

In conclusion, these 1981 hearings resulted in similar findings to those of the 1978 hearings; that is, there is a serious and growing drug problem both within and outside of the Military in the United States; and, until something is done to curb and/or alleviate this problem, we, as a nation, are in serious trouble.

I have been working in and studying the drug abuse situation for the past several years, and during this time I have begun to grasp the enormity of the problem facing this country today. I have also come to some conclusions regarding the causes of this problem as well as some of the solutions which could be used to ease this alarming situation.

We all agree that the drug problem in the military as well as civilian society is very serious. Obviously, the military draws its membership from the civilian population, so they should be expected to take a hand in making sure there are adequate numbers of responsible civilians to put in positions of guarding our national security.



Also, the consensus seems to be that the Vietnam experience was in many ways responsible for drug abuse escalation in this country. Therefore, I feel that the military should accept some responsibility for alleviating the problem.

Our government through the recent "Posse Comitatus" Bill has utilized the military's expertise and expensive technical equipment to aid and assist civilian law enforcement. This makes good sense economically in that civilian law enforcement no longer has to duplicate expensive equipment.

This technique for cost-effectiveness could be applied to education as well. A small percentage of the 200 billion dollars earmarked for national defense could be used by the military establishment to aid in drug abuse prevention for manufacturers of military weapons and for drug education and prevention for the youth who will be the source of the military strength of this country tomorrow.

The military could provide assistance to the states in establishing school drug policy and education which meets each individual state's needs and abides by its laws.

Representatives for departments of education, school committees, teachers, unions, etc. could meet with the attorneys general and make sure that educational needs and those of the law are being upheld and met.

## QUESTIONS FOR OTTO MOULTON FROM SENATOR GORDON HUMPHREY:

1. What can the federal and state governments do to assist the efforts of the parents movement?

They can help to change the nation's attitude toward intoxication - especially of its children. We have been told that the federal government is the largest single advertiser on radio and television. If this is true, I see tremendous power here for the government to have some impact on what is transmitted over the airways. The credible scientific research reports on the health hazards of marijuana and other drugs should be reported to the public. Misleading headlines and reports on responsible use of drugs and social reform seem to be getting the most coverage. There is no responsible use of drugs/alcohol for children.

Through the efforts of the Department of Defense the military needs to make a concerted effort to enforce drug laws and take a firm stand on what will happen to first and second offenders. These efforts should include education, early intervention, and intervention and treatment where necessary. Federal and state government should be promoting only drug-free options. Relaxation of marijuana possession penalties must not take place. This would only serve to give the young the wrong message that the government sanctions its use.

State government needs to take a look at their funding programs for education and treatment. There is a need for strict regulations regarding funding of drug treatment and mental health facilities, an accountability for all money spent, and that they must be drug-free. Strict guidelines for prescription of drugs must be adhered to and violators prosecuted. (For example, Texas has adopted a triplicate system for prescriptions which is working out very well.)

State government should be giving moral support to the parent-group effort and could encourage the state prevention coordinator and single state agents to work with parents in networking the state. Several states have already started this (Alabama, Florida, Kansas, New York, Texas).

2. Where can parents turn for authoritative information on alcohol and drug abuse among young people?

There are numerous parent groups forming in each state. They have managed to seek out and find their own good sources of information and share with others. The National Federation of Parents for Drug-free Youth, Dekalb Families in Action, and the Committees of Correspondence maintain membership lists on a national level and are willing to share them with anyone seeking help within their state. Agencies that can be of great help in providing educational material, speakers and assistance are listed here:

American Council on Marijuana  
6193 Executive Boulevard  
Rockville, MD 20852

Committees of Correspondence, Inc.  
Box 232  
Topsfield, MA 01983

Dekalb Families in Action  
3845 N. Druid Hills, Rd., Suite 300  
Decatur, GA 30033

National Federation of Parents  
for a Drug-free Youth  
9805 Dameron Drive  
Silver Spring, MA 20902

Narcotics Education, Inc.  
6830 South Sunset Avenue  
Washington, D.C. 20012

PRIDE  
Georgia State University  
University Plaza  
Atlanta, GA 30303

PYRAMID  
3746 Mr. Diablo Boulevard  
Lafayette, CA 94549

Texans' War on Drugs  
7171 Forest Lane  
Dallas, TX 75230

I do not feel comfortable recommending NIDA for authoritative information. They have had ten years to get their information out to the public and it has taken the parent movement to get them going. Until the NFP Review Board has had the opportunity to complete its critique of NIDA material, the only publication I can recommend from NIDA is "Parents, Peers & Pot." I suggest in the future they publish more quality items and less quantity. The information on the health hazards of marijuana has not kept current with the latest scientific research. Their sources of recommended reading has not been the best material available and much of it is old.

As recently as April 1982, the Junior League of Colorado had been sent old editions of "Let's Talk About Drug Abuse" which lists NORML and the DO IT NOW FOUNDATION for references. This shipment was mailed from Washington, D. C. Two years ago NIDA promised to take this publication off the shelf. If these

publications came from NIDA or the government printing office, they need to be destroyed.

3. Describe for the Subcommittee the activities of the Committees of Correspondence.

In the days of our nation's youth the Committees of Correspondence was formed by Samuel Adams to exchange information and ideas and to build Colonial unity. Riders on horseback carried printed letters and publications to members in other towns and colonies.

Today, when the health and strength of our nation's youth are being threatened by the pervasive drug abuse epidemic that has seeped into every corner of our country, the Committees of Correspondence has been revived to help effect a national turnaround.

A specialist in the area of an individual issue prepared the latest and most significant information about a "Drug Abuse Newsletter." This is sent to a nationwide network of Correspondents. Each subject is one on which letters can make a crucial difference. Names and addresses on where to write for greatest effectiveness on each specific issue are included. Our motto is "WRITE MAKES MIGHT." The single most important thing each individual can do is also the simplest. Let you elected officials and other influential people know how you feel.



Senator HUMPHREY. Thank you, Mr. Moulton. I certainly agree with you that there has been a lot of misinformation and deliberate disinformation in this field. Unfortunately, the Government, wittingly or unwittingly, has participated in that.

I very much appreciate your efforts, which have been successful in the past, in bringing attention to these cases.

Mr. MOULTON. I am not altogether a pessimist either; I think we have turned the corner.

Senator HUMPHREY. Yes.

Mr. MOULTON. I have an excellent pamphlet done by some young people in their early twenties entitled "Drug Propaganda on the Young." If we get young people to realize that it is an uncool thing to do drugs and alcohol, then we are going to have this thing well on the road. And I am going to tell you, we are going to do it.

Senator HUMPHREY. I have no doubt, and I commend you.

It happens, of course, that Mr. Moulton is from my State and I know him personally, and I want people to know, because it is not generally known, that Mr. Moulton in his extensive travels around the country—and I doubt that there is a State he has not been in in his personal quest—but he does so at his own expense. He is a one-man crusade. Actually, that is not true; he has attracted many followers, but he is doing it all at his own expense.

Mr. MOULTON. Thank you, Senator.

Senator HUMPHREY. Mr. Rhodes, good afternoon.

Mr. RHODES. Good afternoon, Mr. Chairman. I am testifying on behalf of Donald J. McConnell, who is the president of the National Association of State Alcohol and Drug Abuse Directors, as well as the executive director of the Connecticut Alcohol and Drug Abuse Commission.

Mr. McConnell had a death in the family and has asked me to present his testimony today.

Senator HUMPHREY. Very well.

Mr. RHODES. Thank you for the opportunity of appearing before your committee today to address the problems of drug abuse prevention from a State perspective.

The national prevention programing is being dismantled. Although some national efforts of both NIAAA and NIDA are continuing in fiscal year 1982, such as NIAAA's media campaign and NIDA's funding for Pyramid technical assistance and continuation funding from NIDA for State prevention coordinator efforts from fiscal year 1981 funds, there is no funding from either institute for fiscal year 1982, or is any anticipated for fiscal year 1983 or beyond.

Most of the activities previously funded by NIDA through the States—the State prevention coordinator efforts and the associated community based program activities—are being folded into the block grants. States will be continuing them with block grants and State funds. Some States have already added their own funds to include alcohol prevention efforts as well.

What will be lacking in the future is any national effort to provide information among and between the States and among and between the communities in different States. Pyramid, even though it represents a Federal investment of several years and several competitions for that contract, is preparing for transition to the States.

As a practical matter, little of an interstate effort can be done by States unless there is also a national effort.

Apparently, some activities will be picked up by ACTION through funds that are being provided for a resource center for parents and family groups, and through funding to the contractor which has been running Pyramid to provide technical assistance to family groups. These efforts, however, focus purely on voluntary efforts, as is the charge of ACTION, and will not include State efforts to any extent.

Thus, the problem is that there will be a lack of national direction in the prevention area, even though there is a specific statutory requirement that 20 percent of the alcohol and drug abuse portion of the block grant be spent for prevention and early intervention efforts.

I hope that you will question appropriate Federal officials about their plans for continuing national prevention efforts beyond the areas simply of knowledge development and some generalized information dissemination.

Our association, the National Association of State Alcohol and Drug Abuse Directors, has supported prevention efforts and, last June, adopted a policy statement on prevention which I have submitted for your information.

I would like to speak to NASADAD's role and the State perspective. It is the States' desire to establish a lead role for single State agencies in prevention. In March 1982, there will be a meeting in Connecticut. This will be organized in the effort to document the prevention system, past, present and future, as a guide for State prevention people.

The issue is how to maintain gains made in substance abuse prevention under the new block grant system. Some States are under pressure to spend money on treatment and forget everything else. There is a need for technology transfer to the States. NASADAD is conducting a survey of States to assess interest in defining prevention, particularly for future auditing purposes, because the term is not defined in the new Federal legislation.

NASADAD's future role could be to serve as an extension of NIDA's Prevention Division to disseminate information to the States. With regard to the ACTION drug prevention initiative, the States are interested in working cooperatively with ACTION. The States are concerned that ACTION keep the single State agencies informed and that the two efforts do not become divisive.

I would like to speak to the effective State and local programs from a State perspective. There are two types of programs that are effective: Community programs, and prevention programs connected with schools.

The community programs that I refer to are programs like Channel One, which is basically a community organization project that gets people working together. A corporate sponsor offers its resources; leadership comes from a various array of community leaders. Youth are led to develop productive and constructive, rather than destructive activities.

The second type of program takes place in schools and basically consists of training teachers and counselors on how to communicate with their students about alcohol and drug abuse.

These programs basically deal with the development of life skills and decisionmaking powers as opposed to information sharing. Education itself is not necessarily an effective prevention method. In fact, it is believed that some of our education methodology can actually cause substance abuse.

There is another area which is important—programs for the elderly. Too often, I feel prevention efforts are aimed only at youth. It is extremely important that we face the problems encountered by our growing elderly population with regard to substance misuse. In this regard, I would like to see more programs similar to the Elder Ed program sponsored by NIDA. In this program, elderly people, most of whom are on one or several types of medication, are helped to control their drug intake.

Although the National Institute on Drug Abuse developed this effective package, we have never had a similar package for elderly alcohol abuse, and I think the Federal Government should support the development of an education and prevention program aimed at alcohol abuse among the elderly.

From a State perspective, I would like Congress to consider mandating continual support in the following five areas: One, community and school drug prevention projects; two, substance abuse prevention programs for the elderly; three, continued support for the State prevention coordinators network that has been set up through the efforts of the National Institute on Drug Abuse and the single State agency drug directors.

Four, there must be continued Federal support for national and regional meetings of prevention professionals in order that there may be technology transfer and further development of prevention networks.

Five, there should also be Federal support to bring together at least annually parents, youth, and professionals at a national substance abuse prevention meeting.

In conclusion, and for the record, let me state that no matter how intense the Federal Administration's public relations campaign might be, one cannot do more with less. Volunteers are not able to run drug or alcohol prevention or treatment programs.

Corporations and foundations are not running into the field to replace decreasing Federal moneys. New Hampshire and Rhode Island, for instance, are looking at a \$35 million shortfall in Federal human services money. Connecticut is looking at a \$70 million decrease in Federal human services funds.

Foundations are looking at only minor increases in their budgets when compared with these numbers. In Rhode Island, the big five foundations, three of which are the United Way, the Rhode Island Foundation, and Catholic Charities, have experienced a total increase in their budget of \$3.5 million. There is no way that \$3.5 million can replace \$35 million.

As far as corporations are concerned, every corporation we have approached in Connecticut shakes their head in dismay when they hear that they are expected to pick up social programs. Textron Corp., for instance, claims that it has had a 600 percent increase in applications for funds from community-based services. The New Federalism has led us to a dry well.

Further, when a congressional committee asks States how we are dealing with our budget in light of the block grants, States could answer, "We are not dealing with it because Congress has not completed its work." The Federal Government and agencies we deal with are on a continuing resolution which will end in March. How are the states to plan if we are not certain of the resources that would implement our planning?

All change causes some difficulties of adjustment, but the radical revolution that has taken place in Washington has caused near chaos in the States. Only time will tell whether these changes will help or hinder the State drug abuse prevention efforts.

[The prepared statement of the National Association of State Alcohol and Drug Abuse Directors and responses by Mr. Rhodes to written questions follow:]



NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS'  
POLICY STATEMENT ON PREVENTION

Alcohol and drug abuse in today's American society presents a major health problem if not the major challenge to public health and safety promotion. There is the need then for a policy statement which lays out the proactive nature of prevention of alcohol and drug abuse problems. This policy statement, based on scientific research and practical experience is offered as an account of current operating principals that can form the basis for present approaches and yet remain open to further development.

The National Association of State Alcohol and Drug Abuse Directors viewing alcohol and drug abuse as perhaps the major public health problem, addresses itself to the issue of prevention along a multi-faceted dimension: (1) the agent (alcohol and drugs); (2) the host (the individual); and (3) the environment (society).

This three factor approach--the host, agent, and environment--coupled with the concept of primary, secondary and tertiary prevention, provides the conceptual foundation for the NASADAD's prevention efforts. Primary prevention and treatment are not polarized, but constitute aspects of a continuum.

Alcohol and drug use and abuse programs relating to this continuum, while divided into three major components--primary, secondary and tertiary prevention--should not be seen as separate entities. Rather, they are a continuous progression of strategies that meet identifiable needs ranging from birth to death. There are no clear divisions between primary, secondary or tertiary programs. These various approaches are designed to identify critical points in an individuals, groups, or society's life where an investment of limited resources will have a higher likelihood of changing lifestyle in a positive direction. The development of programs and strategies along this continuum has widely varying personal, social, political and economic considerations.

It is known that agent factors such as the kinds, the amounts, the effects and the availability of chemicals contribute significantly to substance abuse problems. Therefore, the NASADAD supports informing the public about the effects of alcohol and other drugs and the hazards of using them uncritically.

The NASADAD also attempts to promote policies and practices which influence alcohol and drug availability, price, distribution, arrangements and consumption practices. Such goals are best pursued through an array of public education efforts as well as by advocating appropriate legislation. Groups such as physicians,



legislators, pharmaceutical companies, distilleries and breweries can act in an effective and expanded manner by doing their part to reduce substance abuse. However, these groups need to be sufficiently motivated to prevention and mobilized by those in the field of prevention. This represents an acknowledgement that we all have a shared goal in minimizing the occurrence and severity of disability and reducing the incidents of premature death related to the abuse of alcohol and other drugs. Herein, organizations and systems are seen as benefiting society and its human beings by reducing illegal, irresponsible and inappropriate use of alcohol and other drugs.

Host factors in alcohol and drug abuse involve an individual's motivation for using alcohol and other drugs. Individuals are frequently motivated to engage in alcohol and drug abuse by a perceived need to eliminate distress and to find pleasure through chemicals. By engaging in the uncritical use of drugs individuals replace the constructive, pleasurable and meaningful benefits which are naturally derived from healthy development and effective living. Consequently, the NASADAD supports policies and programs which promote healthy development and effective living skills gained through affective education and alternative recreation activities.

In particular, the Single State Agency Authorities support those activities which (1) strengthen identification with viable role models; (2) strengthen identification with and responsibility for "family processes"; (3) develop problem solving abilities; (4) develop intra-personal skills; (5) develop interpersonal skills; (6) strengthen system skills; and (7) develop judgmental skills. Such primary prevention activities provide opportunities and support for the development of personal living skills and responsible decision-making. By strengthening individuals, families and groups with resources necessary to constructively confront complex, stressful life conditions people are enabled to live personally satisfying and enriching lives. Through this there is the reduction of demand for chemicals. Proactive prevention is accomplished in part by having a society of healthier individuals.

Environmental factors in alcohol and drug abuse also need to be addressed. It is known that the social, cultural, political, geographical, religious, ethnic, educational, legal, economic and family milieu has an influence on the degree of consequences of alcohol and drug abuse in this pluralistic society. Therefore, the NASADAD supports those prevention efforts which enhance each community's capacity to mobilize organizational and legislative efforts to change those systems that impact negatively on the environment relative to substance abuse. One example of this is the phenomenon of the Parent Power Movement and its potential to shape our communities towards a drug free culture.

The aim here is to minimize those environmental norms and factors that contribute to the problems of alcohol and drug abuse. The NASADAD advocates those actions, policies, and procedures which are designed to shape our culture and our systems with their norms and policies in a way which is supportive of healthier lifestyles. These efforts take for granted that strengthening the individual is insufficient and that responsible citizens and agencies ought not to neglect the environment but rather to build on social and cultural bases.

The National Association of State Alcohol and Drug Abuse Directors does not endorse any one of the above approaches to the exclusion of the others. Balance and combination of approaches is the key within the unique demands of each situation. More than likely, the situation will help determine what combination of approaches is best.

## RESPONSES BY MR. RHODES TO ADDITIONAL WRITTEN QUESTIONS

Question 1. How are the States administering the 20% set aside in the Block Grant for prevention programming?

Response: With the block grant funding mechanism in place only a short time, it is too soon to know how the 20 percent set aside for prevention is being administered in the different States. However, I offer an example of how one State is dealing with the prevention set-aside. In Rhode Island, using the NASADAD prevention policy statement as a guide, prevention requirements are being outlined in treatment program contracts. Thereby, those programs are required to include a prevention component among the services each provides. These prevention program components will be monitored by the State to see that contractual requirements are met.

Question 2. What results have you received from NASADAD's survey of States to assess the interest in defining prevention?

Response: Results from NASADAD's survey of States' interest in defining prevention, as based on 26 responses, indicate the following:

- 16 States feel it is necessary to develop a standard definition of prevention/intervention activities for auditing purposes under the ADM Block Grant and that it would be appropriate for NASADAD to be involved in that process.
- Another three States have indicated that a standard definition is not really necessary, but if one is to be developed, NASADAD should be involved to ensure State input.
- Six States feel that individual State definitions should be acceptable to Federal authorities and that a standard definition might impair flexibility under the block grant.
- One State did not respond to that question.

Suggestions by States regarding an appropriate national definition for prevention generally embraced the concept of health promotion and that of promoting appropriate behaviors and attitudes with respect to alcohol and drug use and non-use before problems occur. Since fewer than one-half the members have responded, NASADAD activities in this area will be limited

Question 3. What role can organizations like NASADAD play in maintaining the network of State prevention coordinators which has been set up through the Institutes efforts and those of the single state agency directors?

Response: Without resources to support collaborative regional and technical gatherings for State prevention staff or funds to continue technical assistance to and among States, NASADAD can do very little to maintain the network of State prevention coordinators which has been set up through the joint efforts of the Institutes and the Single State Agency Directors. Information exchange will be encouraged but neither the States nor NASADAD has the necessary resources to maintain the existing network.

Question 4. You mentioned that NASADAD could serve as an extension to NIDA's information dissemination capability could you expand on that?

Response: It was suggested that NASADAD could potentially serve as an extension to NIDA's prevention effort in the sense that the organization could provide a focal point for the transfer of information between the Federal government and the States and among the States. For instance, NASADAD could assist States to identify needed prevention materials or findings developed at the Federal level or in other States. Also, through continuation of national data collection activities, NASADAD could assist the Institutes in obtaining on-going and up to date information on State prevention efforts and to assess the effectiveness of the prevention approaches carried out in the field. Again, outside funding support for NASADAD to carry out such functions will be necessary.

Question 5. What interstate communications efforts does NASADAD perform? What are your plans for the future?

Response: NASADAD's interstate communications include two monthly editions of the Alcohol and Drug Abuse Report. One provides coverage of recent relevant events and issues in brief, and the second is a special report which presents more in depth research and analysis on a particular subject or issue. Additionally, the NASADAD membership is kept informed by periodic mailings and telephone contacts as needed. Assuming sufficient financial support is available, NASADAD plans to continue these same efforts in the future.

Senator HUMPHREY. Thank you, Mr. Rhodes.

Mrs. Kinard?

Mrs. KINARD. Thank you, Mr. Chairman, for the opportunity to appear before you today.

My name is Beverly Kinard. I am president of the Colorado Federation of Parents and I am a board of directors member of the National Federation of Parents.

Senator HUMPHREY. How do you say your name?

Mrs. KINARD. Kinard.

Senator HUMPHREY. Really? [Laughter.] You ought to know, I guess.

Mrs. KINARD. I am the mother of two children, a daughter 15 and a son 20. I am married to a very fine person who has been on the Denver Police Department for 25 years, attached to the organized crime strike force.

We had a son who started using drugs at age 12, finished at age 17, and spent a good 2½ years in traumatic rehabilitation. We had not, as a family, received prior information regarding drug education, so we were not prepared for symptoms.

We did recognize his mental problems and did seek help from all kinds of professionals—learning disability therapists, psychiatrists, all sorts of people at school, and intensive care units. At no time did anyone ever identify the drug scene, because they were not trained or knowledgeable about drug symptoms.

Education law states that any time a mental, moral or physical defect is determined in a child in school, the parent must be notified immediately and the child must be ordered out for evaluation. However, our teachers are not trained or in-serviced to identify those young people who not only are high-risk for chemical dependency, but who might well, in fact, be on the drugs themselves. So, there is no communication; there is a complete breakdown between the schools and the parents.

I have to assume my responsibility as a parent by the assumptions that I made that I had raised a child strong, mentally, physically, and spiritually. I learned that I did not have as many parenting skills that I needed to get children through normal traumas that they go through in a lifetime. I assumed that responsibility, and I have done something to clean up my act and to improve that relationship.

However, our teachers in the classroom actually play the role of surrogate parents. They need additional skills; they also need to work on school climate so that we at home can offset that at school.

I have enclosed in my testimony a letter from a high school counselor who has indicated that teachers need to be screened more thoroughly. I believe that in all walks of life; anyone that deals with children. But we have laws when it comes to hiring practices that forbid people to ask about past or present drug use.

I have a concern with that; that these people are using drugs, coming into our classrooms, or probation officers or mental health people. They are affecting our children with the message they give to them, and that is not OK.

I have enclosed information regarding a mental health worker who received updated information, chose not to use it, and still is

using the 1972 material, "Licit and Illicit Drugs." The Federal Government created a large part of this problem back in the 1970's when, in their pamphlet "Let Us Talk About Drug Abuse," they listed the Do It Now Foundation and STASH Press as a resource.

I do have a copy of your Congressional Record where you took that issue on back in 1979. However, there was no communication with the people in the other States to let us know that this material was not acceptable. As a result of that, the material is widespread all over to all of our schoolteachers, to mental health and county health—anyone dealing with children, including law enforcement, has been saturated with Do It Now material.

The material that we have at our single State agency in Colorado, most recently received in November and December, came from DRACON. They have established a headquarters in Colorado. The DRACON material is dated 1974-1975.

When I took my concerns to our single State agency, they told me to take my problem to Washington; that is where it came from.

The State prevention committee of the Governor's Advisory Council on Alcohol and Drugs published a four-page position paper on drug education where it said that teaching children the harmful effects of drugs is of no value. That same position paper stated that we needed to teach kids the positive effects of drugs. It also had a resource list attached to it which went out through our State department of education to our schools and anyone who asked for it. That resource list listed STASH and the Do It Now Foundation, and 1974 material.

Our school nurses received it. The actual Do It Now material was mailed to a school nurse as late as November 1981. The resource list was mailed as late as December 1981 to another school district. It is still going on in our State. That material, as you know, teaches people that they need to use drugs responsibly. The most effective tool for communication between parents and children is marihuana, and if you use LSD, it will allow you to talk to God and get inside and walk around your subconscious.

There are many other things in the material, including the fact that if a teacher finds a child overdosed, they are to take the drugs out of the pocket and get rid of them before the police arrive.

Massive amounts of money have come into our State department of education in the past to set up a total department for alcohol and drug education. However, no department exists today, and when we asked the people what information they had, they had four pamphlets available; that is all they had in their possession, and one of them was Do It Now material.

The drug education material provided in all of our colleges in Colorado and in all of our public schools and private schools was written by past or present members of the advisory board to NORML, and the proposed curriculum for 1981 that was written in August 1980 showed no side effects to marihuana and did not have the up-to-date information. The resource list for the material used goes back to 1968.

Eighty percent of the Federal block grant dollars that come into our State goes for adult alcoholism treatment programs; 20 percent goes for prevention. We have no say in how those dollars are being spent. We have spent 18 months, once a month, in a meeting of the



Colorado Parent Advisory Council at our State health department, where we have not been listened to and where we have acted in a calm and reasonable manner, expressing our concerns, trying to understand the workings of the Government, only to be told by a top administrator at the top of his lungs, nice four-letter words that indicate that I do not have a right to be there. As a taxpayer, I resent this tremendously.

A large amount of money came in from NIDA this last year earmarked for the family. None of us were advised of it. The money, in fact, was let out to one provider who normally gets most of the money in Colorado. They walked it through; they kept it a secret. I found out about it from Pyramid in California; I did my research.

The people became defensive and hostile because we asked how come we were not informed about it. A program called TRIBES is being paid for by Federal dollars. TRIBES is a decisionmaking, life-coping skill course; it is a curriculum that is put into the schools.

What we have with TRIBES, as an example, is a group of 9-year-old children who have to gather in a classroom and take on the roles of characters. Seven of the children have been left as a result of a boat accident; five of them can't live. The 9-year-old children have to decide which two die.

They go through the list of people to see what their qualifications are, to see which ones die. One of the people's names is Bill. He is a medical student and in his medical kit, he has barbs, speed, and marihuana, which he uses regularly. Our 9-year-old children are to decide which two people die among their classmates.

We challenged this material at our State health agency. They said that it was trivia; that it was quite all right and they found nothing the matter with it.

The words "responsible use" are no longer acceptable; they never have been to parents. They must go from Federal Government, State government, and anyone else dealing with our children. The messages are unreal.

The United States Brewers Association recently came to Colorado with a man hired full time to go into our schools, including elementary, and teach our children how to drink responsibly.

We have items like this that are called can-vertibles [indicating], which wrap around beer cans so that the young people can drink in school or drink and drive or drink at home without the parent knowing it. It comes in all different brands.

When we look at our school tax dollars being spent for that kind of situation, we have to look at the very powerful prodrug lobby group, the liquor industry. Now, I realize that a great many people in Washington are frightened of saying anything to them because they might pay for campaign costs. But the messages that they are giving to our young people by way of television and their other messages are totally unacceptable.

I do not want them in prevention; I do not want their dollars, because until they assume responsibility for what they have done to our children, I am not willing to work with them.

A major tool of prevention has to be to eliminate all alcohol advertising on television, not just whisky. It has to be the beer commercials and the wine commercials.

We have to look at the role that cigarettes play in the whole drug scene because the school cigarette smoking areas that our Government dollars pay for are where the kids do their drugs. We have underaged children; it is illegal for them to smoke there to begin with. But when the Surgeon General says smoking is harmful to your body, we have a learning institution that actually encourages it by providing separate smoking areas.

Government-funded educators and speakers and report writers use the terms "experimenter," "recreational user," "user," and "abuser." These terms may have a place in treatment; they have no place in prevention. To talk about children experimenting allows children to think that experimenting is OK. It allows a parent to stay in apathy, assuming that it is a stage that the child goes through.

I have enclosed a letter from a parent who had her 14-year-old daughter run away. She had taken her to youth services, where she was told that all kids experiment. She took her to mental health, with needle track marks on her arms from heroin, and the mental health people said all kids experiment.

Educators, treatment people, mental health workers, legislators, and all walks of life must be updated annually about this very devastating drug situation and the medical facts.

I have enclosed a letter from Patricia Schroeder, which is an answer to a letter we had written to her asking about H.R. 4498. The information came back saying that she thought it was OK because marihuana kills pain in cancer patients. That is erroneous information, and still legislators are passing laws affecting our children.

School districts should mandate inservicing. When they talk about mandating, they are angry because the Federal Government mandates it and they want the Federal Government to pay for it. I think the Federal Government can work with the volunteers to let school districts know which of us are qualified to go in there and do it free of charge, and save dollars. But it needs to be required as quickly as possible.

Curriculum needs to be updated, but it takes 3 to 5 years to get a curriculum updated in a school, and in the meantime the children continue to die, and I see those dead children on a regular basis.

Federal Government speakers need to be updated. Through the Federal Government agency ACTION, I think that we ought to have from you a resource list of up-to-date information, speakers, and knowledgeable people who are available to the United States, so that people would know that they are worthwhile and they are credible. We need your cooperation along those lines.

We also need work done with our court people—the judges, the juvenile officers, the probation people—because they do not understand the harmful effects of drugs. We, this next month, will be inservicing all of the Denver court judges inside the Denver city limits. That is a real plus for the volunteer movement.

One of the most important pieces of literature, "Parents, Peers and Pot," is as important to us as any item we have ever had in the history of drug prevention. We cannot get it; it has never been distributed equally or fairly. The budget cuts are there, and NIDA says it is out of print, but still they can continue to print informa-

tion which I have attached that shows the Do It Now Foundation listed as a resource on 1981 material. I have a hard time living with that.

The positive side of my testimony, Mr. Chairman, is about the State of Colorado and the volunteer movement and ACTION. Brian Voagt, who has been hired there to work with us, has been supportive, loving and understanding, taking in all of our concerns. They have fantastic listening skills.

We find other Government agencies to be defensive and threatened by budget cuts, feeling like they are going to be losing their jobs. They take their hostility out on us because we are there as the volunteer movement.

ACTION treats us as if we have common sense and above-average intelligence; we work extremely well with them. When I have a concern that I cannot handle, I take it to ACTION and they open the door for me. It is total cooperation. There is not one person in the parent movement in Colorado who is unhappy with ACTION. We think it is the finest thing that has ever happened in the history of this country. They established a clearinghouse for us because what is established is not working and we have to resort to something else.

We would ask you that if we are doing a major job on drug prevention in this great country that when we travel around to do speaking engagements or bring people in, we be allowed in some way to use Government rates for travel and hotels, because we are being penalized by having to pay twice as much as Government people, and the Government people are not doing nearly as much as we are. I would ask your consideration on that.

I would urge you to start working immediately with the National Educators Association to let them fully understand about the Do It Now material. It has gone into their classrooms on a regular basis, and we should impact them from the top and be able to get into their conventions to change some of those situations.

The Department of Navy took a stand that any use is abuse. I think that all the Federal agencies at this point in the game need to take that stand; they need to talk about it wherever they go. They need to put it in writing wherever they go. The day of "responsible use" in the eyes of the Federal Government should be over.

My recommendations about NIDA are: remove them from prevention immediately. In Colorado, they are of no service to me. I have to print all of my own material. They cause me an additional workload because of the information like you have just seen. I do not have the extra hours or the energy to continually go down and check out what they are putting on the shelves and seeing what kind of mixed message they are giving.

I think that as far as research is concerned, if NIDA continues on the scene, then the research recommendations have to come from well-known people like Dr. G. G. Nahas, Dr. Heath, and Dr. Dempsey, because those people know what research was needed and we did not get from NIDA. They know how many research people were given trouble when they actually asked for NIDA grants.



We need an immediate press release about junior high school students peaking at eighth and ninth grades. I no longer want to hear about the high school senior. Bear in mind that most of the seniors have already dropped out of school. If those who were involved in drug use dropped out early in 9th or 10th grade, they are not even around to participate in the surveys. That information is so misleading, I get sick to my stomach every time I hear it.

It allows the parents to lean back and go into apathy and say, "Well, it looks like it is all over; everything is taken care of."

I would ask that if you do leave NIDA functioning, that you put in a director who supports the parents movement, believes in them, works well with them, and is willing to admit the role of the Federal Government as far as the problems it created back in the 1970s.

A trustworthy committee should be set up to evaluate all of their material so that we can clean house, because it has not been done.

My recommendation about alcohol is that we should have information about children and alcohol, including the medical effect on the hypothalamus gland and the cortex of the brain. I am really tired of alcohol material being written for children that talks about responsible use, and the Department of Transportation material that clearly states that children ought to go out after drinking, decide who has had the least amount to drink, and that is the one to drive home. The double messages just must end.

We need in that literature the word "abstain" for children. It is a strong stand, but it is long overdue. The physical damage to our children drinking and the fact that they are breaking the laws—we must start to work with children using the word "abstain."

We make our own alcohol brochures right now, but we cannot get the medical people to take time out to do the detail work that needs to be done. I think our Government owes us that.

The Department of Education should look immediately in Dr. Herman Epstein's work about slow brain growth, because it is proven now that children between the ages of 12 and 14, in junior high, only have an 8-month brain growth. Our children, in the old days when we had an 8-year elementary school, did review work at eighth grade.

What we are doing with our young people now is putting them into a middle school where they have a slow brain growth and we are teaching them new technology, like algebra and Spanish. That particular time of their life has to be looked at. We are setting them up for the drug scene because of low self-esteem and lack of confidence. They are wasted years.

I believe that alcohol and drug prevention and education should come through ACTION because we do not have the government dollars to put it anywhere else, and we need the volunteer movement doing it, working well with this organization in a very positive manner. We have a lot of excitement.

I would hope that the Federal Government would pass a uniform marihuana law as it pertains to everyone. Colorado decriminalized; we now have a \$100 fine for a petty offense for marihuana that is enough to roll 28 joints. Our district attorneys refuse to allow the law enforcement officers to even write the ticket, and as a result, the children know that if they smoke it, all they get is lecture and

release. There, again, is a message that it is OK to do it and nothing will happen to you.

Our education programs are done across the State—we have set up 35 parent groups so far. We do drug education in the classrooms, for parents, medical people, and we have clergy workshops. We have a statewide headquarters office which has just been funded by a large foundation in Colorado who gave us \$25,000. That is a resource center for all of the accurate, up-to-date information, because government material cannot be trusted.

We have 24-hour-a-day telephone service for parents in trouble with a child. We have a place for children to do their essay work on research. We have massive amounts of media work being done—videotapes that we make free of charge through the Denver Police Department. We are also on their training staff at the Denver police academy to teach all new recruits.

We are very excited about what we have done with Kiwanis International, because we have tied in with 5,000 members in Colorado, Wyoming, and western Nebraska. Those Kiwanis people, after speaking to them at their regional conference, have invited us into their hometowns and set up community meetings. We do the drug education and get a parent group started, and they stick around for the next year to help financially with resources.

Senator HUMPHREY. Mrs. Kinard, may I inquire how much more remains of your statement, because Mr. Kramer is patiently waiting his turn?

Mrs. KINARD. That is it, except to say that we did a media luncheon. We provided accurate, up-to-date information. The media luncheon was to say "thank you" to the press. People said it would not succeed. We had 53 people there. We have had the total support of the press since then, except for one TV station where a Government-funded agent got ahold of them and talked them into the fact that we were using scare tactics. That person went on their board and we have not had anything out of them since.

I think you have heard enough to last you a lifetime, and I thank you so much.

[The prepared statement of Mrs. Kinard with attachments follow:]



TESTIMONY OF

BEVERLY J. KINARD

SENATE SUB-COMMITTEE

ALCOHOL AND DRUG ABUSE

February 24, 1982

Mr. Chairman and Members of the Committee,

Thank you for the opportunity you have provided me.

My name is Beverly Kinard and I am President of Colorado Federation of Parents, Inc. and a Board of Director member of the National Federation of Parents for Drug-Free Youth.

I am the mother of two children, a daughter 15 and a son 20. I have been married for 27 years to my husband, David, who is a 25 year veteran of the Denver Police Department, on special assignment to the Organized Crime Strike Force. Our family had never received information regarding symptoms of drug use prior to our son's experience.

Our son started using drugs in the 7th grade. He swears the gateway drug, marijuana, set him up for other drugs because the marijuana burn-out made him feel so bad, his friends offered other substances to make the "bad" feeling go away. He used a wide variety of drugs including PCP. His first experience with PCP was on a school supervised trip to the International Jazz Band Festival in Reno, Nevada. He smoked marijuana in the school library and bought and sold drugs in the halls at school and in the school parking lot. The school district was in need of a strong drug policy, attendance policy and discipline policy.

There were several professionals involved in my son's school years. They did not then, and still do not, know how to identify drug use. One of the major tools in preventing the child from becoming deeply involved in the addiction process is to identify the high risk child.

Education law states that any time a child is determined to have a mental, moral or physical defect, the parent must be notified and the child must be ordered out for evaluation. Unfortunately, our classroom teachers have not been in-serviced to learn how to identify the child using drugs and they have not been trained to identify the high risk child, who may be the gifted and talented or the learning-disabled.

I certainly have to assume my responsibility as a parent in this situation. I assumed that starting my son to Sunday School at age two would take care of his spiritual needs. I assumed he would learn life-coping, decision making skills just by growing up and us telling him the difference between right and wrong. I had to learn the difference between discipline and punishment. The issue of parenting skills has to be a major part of prevention. When you look at the classroom teacher, you will see that most of them play the role of the surrogate parent and should again look at their skills and the school climate and how it affects the child. Parenting skills need to include child development so parents understand what is normal independence and what is rebellion, etc. Simple, easy to read literature would be

helpful since most parents will not sit down long enough to read a book on the subject.

Parents are expected to take the blame if something goes wrong and we are labeled by the professionals. Many of the government funded agencies give us no credit for being intelligent human beings. They have a hard time treating us as equals. We are expected to provide payment for medical bills, lawyer fees for defense of the child, etc. However, we are subjected to legislation that takes away parental rights and actually protects the child that is breaking the law. As a result of Colorado law changes in 1977, establishing a parent/child relationship instead of parental authority or rights, we now have health facilities who wish to get a 15 year old's written permission when the parent wants to have a blood or urine test done for possible detection of drugs. The child privacy rights are being misunderstood and abused. This creates an atmosphere of "hostility" and "no trust" in professionals. We need to work with them, not separate from them.

Enclosed is a letter from a high school counselor (att. #1) showing the need for teachers to be screened more thoroughly. Hiring practices seem to be limited by law so schools and agencies are not supposed to ask questions about present or past drug use on the part of teachers, mental health workers, probation officers, school bus drivers, etc. These people all express their personal views to our children and a major prevention tool must be legal guidelines that can be used for screening when hiring employees who work with children.

As you can see by attachment #2, here is a mental health worker in Colorado who still uses 1972 resource material written by a former advisory board member of NORML. Some of our government funded professionals have been provided accurate updated information and choose not to use the material.

The federal government created a large part of the problem in the 70's when they provided a resource list with DO IT NOW FOUNDATION listed on it. This material found its way into our health departments, clinics, nurse and teacher training centers and our schools. Even though the Senate record of December 1979 (att.#3) discusses the misleading information this material provided, it was not until a few months ago that NIDA finally wrote a letter to the single state agencies requesting them to check their resource material for errors. Our single state agency didn't seem to have a copy until we provided one. Even though this letter discussed material written before 1979 that might have errors, our state agency did at the same time put a brand new shipment of 1974 and 1975 material on the shelves. It was

just received from DRACON and they have refused to take it from their shelves because DRACON sent it and I have been advised to take my problem to Washington.

The State Prevention Committee of the Governor's Advisory Council on Alcohol and Drugs has written the attached position paper on drug education (att. #4). I have "starred" some of the paragraphs about which I have a concern. This position paper found its way into the hands of a school nurse after she requested updated material from our State Department of Education. In November 1981, she was mailed attachment #5 which is DO IT NOW FOUNDATION material. This same position paper with an additional two pages attached was sent into another school district in December 1981. The last page of the attachment shows material that was ordered as a result of the resource list. Please note the message about "overuse of marijuana". What kind of education system do we have that allows this kind of terminology? No prevention can succeed as long as professionals from all walks of life continue to teach "responsible use" to our children. How can any use be responsible when you are talking about dangerous, illegal drugs.

Even though massive amounts of money have been sent to our State Department of Education to assist in setting up drug and alcohol departments, our education agency does not have a special drug and alcohol department and admits they only have four pieces of drug literature in their whole file and one of them is DO IT NOW FOUNDATION material.

The drug education material used in colleges and in most of our schools was written by past or present members of the advisory board to NORML. The federal government continues to pour good money after bad to support this kind of activity. I have attached #6 to show proposed curriculum for a school district of over 70,000 children and have "starred" areas of concern. This attachment also includes the present resource list for drug education for that district. The resource list includes books written by past or present members of the advisory board to NORML and also shows you the outdated material used for educational films. I am not trying to blame school districts but bring to your attention the need for updated material, etc. so our children can be provided accurate information.

The state that I live in does not provide any prevention money. Any federal block grant dollars that come in have to be given out by our Joint Budget Committee. Approximately 80% of these dollars go for adult alcoholism treatment with only 20% left for prevention. We now have treatment people trying to get the prevention money.

For 18 months we parents have been meeting with our state health agency to discuss our concerns. We have been ignored when it came time for input on how dollars should be spent. I personally have been treated with such disrespect that I cannot believe a taxpayer

should have to be subjected to this. One of the top administrators, in front of a public meeting, yelled four letters words at me because I am expecting them to take action.

When a rather large amount of money came in from NIDA, we were not told about it and no one else in the state was told either except one organization who was given the grant. This organization intends to do conferences in our state when we told them that the first planned conference would fail because it was trying to push something down someone's throats. We agreed to work with them to change the conference agenda so it would meet the needs of the community. The new director of our single state agency alcohol and drug abuse division said they would amend the contract; however, the conference is presently being planned as originally contracted. The parents are to do part of the work and the "provider" gets paid for doing the administration and evaluation. One extremely nice thing about the parent movement is that we don't have to waste government dollars to administrate or evaluate. We are seeing the successful results of our efforts. Those of us fighting on the front lines know what the needs are; however, some of the agencies receiving the grants are not always aware.

An organization that gets a large amount of federal dollars supports a program called "TRIBES". I have asked that our federal dollars not support this type of material. Some of the material is good; however, in the day of "double messages" we must look closely at certain messages in this material. A sample of the material is attached as #6. Please read the instruction paragraph and see that the children have to pretend they are the real characters in this story. The young elementary school children must make a decision which of the characters are to die. One of the characters that might be saved is a medical student whose father is a doctor and the medical student has a kit with barbs, speed, marijuana which he uses regularly. What kind of double message about illegal drugs is this, especially when they use a "credible" title like medical student? There are no alternatives offered and no one indicates a way of the team working out a solution that might save all lives. What kind of self-esteem damage can occur to the nine year old child in this class who might be the one his classmates decide should die.

Many other government programs offer the same type of education as TRIBES. We would be happy to provide you additional information on this subject.

Our single state health agency says the TRIBES material is trivia and they can find nothing the matter with it.

The DO IT NOW FOUNDATION material we discussed earlier educated people across the nation that we should teach "responsible use". Unfortunately, many of our health curriculum coordinators, alcoholism councils, etc. believe in "responsible use". Responsible use of alcohol by an adult is one thing. Responsible use of illegal drugs



is not acceptable. Our children certainly should not be exposed to this type of education even about alcohol. The U.S. Brewers Assn. recently sent a man to our state to work with children of all ages in school to teach them "responsible use" of alcohol. When I asked if they intended to teach the harmful effects of the narcotic drug, they said "no"--this pertained to the tremendous damage to the brain that can occur during adolescence when teens drink in such large quantities and their present frequency patterns.

When we look at our schools and tax dollars possibly supporting this kind of effort, we must ask our federal government to stop being blind to the tactics of the powerful liquor lobby. Possibly you should investigate their goals to see if they do not, in fact, zero in on advertising that glamorizes and glorifies the drug every day on national television. A major tool of prevention should be to eliminate liquor from television just like cigarettes.

Dr. Robert DuPont, as president of the American Council on Marijuana, announced that "young people who smoke cigarettes are two and a half times as likely to use marijuana as young people who do not smoke cigarettes". Still our tax dollars go to pay for schools that have smoking areas, totally ignoring the Surgeon General's message about the harmful effects of cigarettes. We parents all know the smoking areas are the major location for buying and selling drugs of all kinds. Prevention must include more education about cigarettes and their role in the illegal drug scene.

Our legislators should take a look at the total dollars spent on health problems from cigarettes, alcohol and other drugs and then insist that these people pick up the total bill for health care costs related to these issues. As you know, for every dollar that comes in on taxes for liquor, we spend out about four times that amount for health care, crime, etc. These industries glamorize and glorify, and we middle class Americans have to pay the bill through law enforcement, health insurance, auto insurance, deaths, etc. You must have a get tough policy that hits them in the pocket where they understand. Please consider the liquor lobby in the same category as other pro-drug lobby groups. Let them see themselves as they really are and what they are doing to our country--especially our children.

Government funded speakers and educators and report writers also tend to use terms such as "experimenter", "recreational user" and "abuser". These may be treatment terms but they have no possible use in prevention. These terms only allow people to put themselves into safe categories and to leave parents in a state of apathy or denial. Let's make sure all people know alcohol is a narcotic drug and if their children are using the drug, they are "drug users", if they are underage. Parents right now tend to tell their children to drink but don't do drugs. Stop being an "enabler" and get rid of prevention terms like "experimenter". (See att. #7)

In checking with parent leaders in other states I find the same kinds of problems existing in most areas and feel I am pretty safe in saying that our state agencies have not used federal money wisely and will not do so unless the federal government sets guidelines on how the money can be spent and the groups who may use it. I know the federal level wishes to turn issues over to the states; however, this serious issue needs to be cleaned up by the federal people because they have knowledge of just how bad things are and they are the ones who sent out the wrong information and should be the ones to stick around until the work is well under way.

Educators, treatment people, mental health workers, etc. all should have to be updated yearly on this particular subject because it changes rapidly. Guidelines should be set on giving money only to those who do not use illegal drugs and government dollars should be pulled back as soon as a provider gives out a double message or we prove they are using outdated, erroneous material. Providers should not receive money if they believe in "responsible use" of illegal drugs.

Because of the seriousness of this issue as it affects the future of this country, school districts should mandate in-servicing on this subject and all employees of the districts, including school board members. The volunteer movement could be involved at this level in order to save dollars to the districts. Only updated people should be used, and speakers who believe in "responsible use" should not be allowed. The federal government agency, ACTION, should make recommendations on speakers, resource material, films, etc. NIDA people should not be involved because they have been a major part of the problem and we feel we have a level of trust established with ACTION.

Legislators at the federal and state level should all be in-serviced since they are the ones passing or defeating laws which are critical to the drug scene.

We also see a need for all court employees, probation officers, district attorneys, county commissioners, etc. to be in-serviced. The federal government, through ACTION, could open the door for the non-profit organizations to speak at conventions, etc. You can add credibility by recommending certain facets of the volunteer community. Also, a new government resource list should be made available showing the names of scientists, medical people, educational material, etc. that is updated so the general public will be able to recognize these names when volunteers wish to bring them into the community. This resource list should be updated yearly, with the help from the National Federation of Parents for Drug-Free Youth, American Council on Marijuana, PRIDE, etc.

The defense of our country is at stake and I would hope you would set up a procedure for educating the military so their information is accurate and not misleading. Since Dr. Carlton Turner is so respected by all groups, I would hope all government agencies would rely on his recommendations for material, speakers, etc.

A major part of prevention is having up-dated literature so all walks of life can have it available, especially when working with children. Parents cannot remember everything they hear at a program and we can't expect them to work with their young ones unless we give them something in print to back up what is said. If they give any misinformation out because no material is available, they no longer remain a credible source for the child.

One of the most informative pieces of literature is PARENTS, PEERS AND POT. The federal government says it is out of print and they have budget problems. It is amazing they can't print the best book we have but can continue to print publications that still recommend the DO IT NOW FOUNDATION material. (See att. #8)

Now for the positive side of my testimony. Mr. Chairman, Colorado has been named a pilot state for prevention through the federal agency ACTION. A young man has been hired to work with the parent movement. He started in December and has been the finest thing that has happened to our state. ACTION's attitude is positive and supportive. They have fantastic listening skills and then take action immediately to try to effect a solution to the problem. They have been willing and able to open doors for us in the community that have been closed before. They are very educated about the updated drug information (at least in Colorado and in Washington). They have tried to understand every facet of the community and its need to become involved in fighting the drug scene. They are presently about to hold hearings in Colorado to see if the community agrees with their proposal. It is fantastic they are asking first if we can live with what they propose. There is no financial assistance for the parent movement but I do believe the proposal intends to set up a clearing house for drug literature for all facets in the community to receive it in a fair manner. I believe they also intend to hold seminars to teach us how to raise money, and how to handle legislation.

We believe in the administration's view on volunteerism. We know we volunteers work long, hard hours and in many cases spend our own money for materials, gasoline, hotel bills and travel expenses. We would encourage you to work out a way that parents doing drug education, or going to conferences to learn drug education, could travel at government discount rates and receive government discount rates at hotel facilities. This would encourage more people to become better educated and would assist the volunteers when we need to fly in national speakers who are well versed on the drug scene.

I would urge the federal government to allow speakers such as Dr. Turner to appear at major conventions such as the American Medical Association or any other group that impacts a tremendous number of people.

I urge you to think about the message you give this country when you say you wish to fight the drug scene and then cut budgets for this work at the same time. What message comes through to the public. We must have better communication from Washington as to the manner they intend to fight the drug scene.

At the national level, I would urge you to start immediate work with the National Educators Assn. so they can understand the problem. In other words, somewhere along the way, Washington needs to stand up and say, "We made a mistake and we need your help in correcting the problem that has occurred as a result of it". A news conference by the President on prime time television would be of great assistance. Plenty of advance notice should be given to the public so they could have their children watching the telecast. I believe with this effort, the volunteer area could double in size very quickly.

The Department of Navy took a stand that "any use is abuse". This message must come from Washington now, through the Department of Defense, NIDA, ACTION, etc. Top administrators in Washington and all over the country should start using this terminology wherever they speak so the country can become conditioned. We must undo the damage from the past "responsible use" days.

I am enclosing a statement from many different legislators showing their lack of information on marijuana. This is unfortunate since they are in a law-making capacity. I hope this will show you the need for inservicing legislators.

My recommendations about NIDA are:

- a. Remove them from the prevention field immediately.
- b. Issue a directive to them immediately regarding additional research information on marijuana, which is long overdue. Areas of research should include the recommendations from Dr. G. G. Nahas, Dr. Heath, Dr. Dempsey, Dr. DuPont and the National Federation of Parents for Drug-Free Youth.
- c. Issue an immediate press release about the junior high students peaking with their drug scene and stop talking about surveys that deal with seniors in high school when most of the drug users have dropped out of school by then or are ditching when the survey is taken. The seniors' survey misleads the general public.
- d. If you choose to leave NIDA functioning, appoint a director who is aware of the parent movement and supports them and one who is willing to admit the federal government's role in misleading the public all these years, OR
- e. Have the prevention functions of NIDA taken over by ACTION.
- f. If NIDA is left in tact with prevention, a trustworthy committee should be set up to clean out old material and films.

My recommendations about alcohol also include that literature should be made available as soon as possible about children and alcohol. This literature should include information on the hypothalamus gland and cortex. In other words the child should be able to see what happens as he develops, if he uses alcohol during his early years of life. RESPONSIBLE USE must go immediately and we must talk about abstaining for children. We must stop combining children's materials with adult materials. The Department of Transportation should stop making brochures that indicate that teens should see who has the least to drink and that is the one that should drive home.

We have had to make our own alcohol brochures and have requested professionals to help us with a brochure with information for children but the professionals seem to disagree on which information should go in--the cortex or the hypothalamus. It is urgent that we have some immediate tools for young people that talks about medical facts and their bodies. We parents aren't educated enough on this information.

The Department of Education should start to work immediately to understand the work of Dr. Herman T. Epstein and Conrad F. Toepfer, Jr. and their work on "A Neuroscience Basis for Reorganizing Middle Grades Education". Since most of our young people are becoming involved in the drug scene in junior high school, we must have a look at this period of slow brain growth and the possibility that this might set a child up with lack of confidence, poor self-esteem and make them high risk for chemical dependency. (Att. #9) Research through NIDA should also take this information into consideration.

It is my personal feeling that all federal money for alcohol and drug education and prevention should come through the ACTION agency. Materials for Channel I programs should be made available through ACTION so we can get private dollars to fund these programs instead of paying out money for administrating and evaluating through a state agency. Our state departments of education and single state agencies do not have the budget or the manpower to do what needs to be done. ACTION is the agency that has proven able to work in a positive manner with the volunteer movement. (att. #10)

I would hope that federal government would pass a uniform marijuana law so that all young people could have the same message across the United States. I happen to live in a state where the penalty for possessing less than an ounce is a petty offense with a \$100.00 fine. However, our District Attorney in each county refuses to prosecute so our young people know that it is "lecture and release"--no consequences. Our average age in our state is under 30 and we have a difficult time when so many of the voters are lawbreakers. You left this up to the states and look what we ended up with--an increase in marijuana and other drug usage because decriminalization to them meant "nothing the matter with marijuana".



It is our feeling that we do have a direction established now with the parent movement and with Dr. Carlton Turner in the White House advisory office and the federal agency ACTION becoming involved in a pilot program.

Our volunteer movement involves many facets of the community. We do drug education programs across the state and start parent groups, networking each group with the next via a newsletter. (Government could cooperate with parent groups or volunteers by allowing us the use of their copying facilities for newsletters, brochures, etc.) We also do parenting programs but really are not qualified with enough information to do this properly and in depth (you could provide us with guidance in this area).

We do drug education in the classroom for children, but have to make our own brochures because government brochures aren't accurate. We assist in the formation of drug-free youth groups in the schools so they can plan drug-free activities on weekends. Recently we had an evening of entertainment for youth (att. #11) to say thank you to them for being drug-free. We brought in a youth group from out of state that did very popular songs with special messages to the youth about how great they were, being themselves, having friends, listening to their parents and reaching out and touching someone to make a new friend. We had a Denver Police Department rock band with officers in uniform so the young people could see police officers could be fun and we had another youth rock band that played positive music with positive words. The evening ended in front of television cameras with all the young people in the audience jumping up and pledging not to use alcohol or drugs in 1982. We then gave them an honorary membership in Youth, Inc. and a button that said "Listen America. I Pledged". As they left they were given drug literature and information on how to plan a drug free party. They were also assured if they wanted more fun, we would assist in the future and would provide a major film production for their school to view and then take the pledge and start a "Listen America" club. A Baptist church loaned us their beautiful facility, Youth, Inc. provided a production manager, Kiwanis International and Denver Police Department provided crowd control and safety for persons and property. Get High On Yourself Foundation arranged out of state entertainment with a group called Cracker-Jack Theater; printing was provided by a Kiwanian, literature was packeted by the Retired Senior Volunteer Program that is part of ACTION. Schools and churches participated in distribution of literature and our parent leaders spread literature also. Local newspapers provided coverage as well as television. The evening news that night gave good coverage to our program and off-set it by showing 12,000 young people at a rock concert at another location. That coverage showed young people openly showing their drugs and the same concert the next evening broke into a riot with police officers. The words written under our news cast were "Lost Cause???" At any rate, we think the evening we had was the most positive thing we have done for prevention.

The way the volunteer movement is invited around the state is by way of Kiwanis International. I spoke at a local breakfast meeting and then was invited to speak at the Rocky Mountain District Conference that included 5,000 members from Colorado, Wyoming and western Nebraska. We had a paraphernalia display for three days and conducted a workshop for over 200 representatives from 92 clubs. Since August of 1981, each club has been inviting me to speak in their location and then they take some action to help fight the drug scene. When they are out-of-town clubs, they arrange community meetings for the speaking engagement or set up meetings all day long with different groups. They are then encouraged to support that parent group for the next year (see Att.12). Kiwanis makes us appear credible from the beginning in a new area and they are warm, sincere people who still believe in God and Country. When we need to fly to a location, the government program, PYRAMID, usually pays for the air fare. PYRAMID is funded through NIDA. Sometimes we pay our own air fare and when we travel by car, we pay the expenses. We are never paid for our programs; however, after community speaking engagements, we are allowed to request donations to cover the cost of literature and gasoline. We have managed to do this for the past two and a half years with no other donations. We recently received a \$25,000.00 grant from a foundation. In January and February of this year, two people were responsible for 52 programs and that isn't counting what all the other parent groups are doing in the state. We now have close to 35 groups and have been starting several new groups a month.

We do teacher in-servicing that teaches the medical facts, provide paraphernalia education so teachers can identify the kinds of things they would find in the classroom. We also teach educators how to identify the high risk child and how to identify the child on drugs. We show them how the learning disabilities take place and also teach them how to work with a parent to get them out of hostility or apathy.

We provide 24-hour a day phone service for parents in trouble with children on drugs and in some cases bring the child home with us until we can work with parents to get the family into treatment.

We have opened a state resource center for parents, teachers and students. We found students were calling us to get research information for essays. Their school libraries were not updated. We also have medical packets for doctors. We have already updated over 200 libraries in our state.

We are now working with the League of Women Voters on survey work they want on Support Systems for Optimal Child Development.

We have a sorority that provides our office with some volunteer workers, two more printers have offered to help and so has a sign company.

We also received the attached Executive Order Proclamation from our Governor, urging all facets of the community to become involved.

We are on the staff at the Denver Police Department Training Academy and we work with their Juvenile Crime Prevention Unit as well as in-servicing new recruits.

We have had prevention efforts with the media which have proven very successful. In 1980 I assisted with a media luncheon where we invited the media to come WITHOUT pad and pencil so we could say "thank you" for all they had done. We had 53 people in attendance and they stayed for two hours. We flew in the author of PARENTS, PEERS and POT to educate them and we have had fantastic support from almost all of them since. The only support we did not end up with came from a television station that was going to do a documentary until a government funded provider told the people we were "scare tactics" and the television community affairs person ended up on the provider's board of directors and we haven't had anything positive from that station since.

We did a press release for over 200 media people in the state regarding Mickey Mouse LSD that was being offered to children. No one was aware until we did this and all of a sudden schools were calling in reporting pushers on the elementary school grounds. As a result of that story, we provided drug literature to all parts of the state. Law enforcement people, schools, parents, nurses and even a hospital called for a resource because they didn't know how to treat LSD. This media coverage also generated more programs in other parts of the state and as a result many more children and parents have been updated.

We would like to see the volunteer movement have access to printing that can be done in prisons. The RSVP people are working on trying to share facilities with us. They are funded through ACTION and thought it would be nice if all the volunteers in the building could use the same copy machine. The volunteers that would come into the building to work would also be provided baby-sitting services by other volunteers. This truly is the community and government working together as it should.

Mr. Chairman, I would be pleased to respond to any questions you might have at this time.

February 9, 1982

To Whom It May Concern,

As an educator, I am very concerned about the drug problem in our schools. Drugs are prevalent on school campus; accepted and taken for granted. At times I question the role models provided by educators.

Last year I was on sabbatical leave. I volunteered a great deal of time coordinating and participating in a five day drug education program. I was appalled at the number of educators who also have problems with drugs. Sometimes I forget that educators are human beings who have the same kinds of problems as people in all walks of life. I feel it is an issue that needs to be dealt with.

In working with individuals from Mental Health Agencies, I get frustrated with the attitude that parents are over protective and it's alright for young people to smoke pot and indulge in "responsible use" of illegal drugs. Condoning this theory in front of our young people compounds the problem and makes it difficult for parents to change attitudes and behaviors of their children, while advocating drug-free behavior..

I feel the general public has been led to believe the State Department offers programs, materials, etc., to help educators deal with this problem. I personally have been misled! As a taxpayer, I do not feel monies are used expeditiously.

Thank you for listening and caring.

Sincerely yours,

*June K. Noble*

## COURSE OUTLINE

## Drugs and Alcohol: Addiction and Recovery

Instructor: Larry Denmark

1. Purpose of the Course: The purpose of the course is to communicate a basic knowledge and understanding of the concepts of addiction and recovery. It is designed both for the interested layman and for students who are preparing to enter one of the helping professions. The course is intended to satisfy the layman's curiosity while concomitantly serving the student as a sound introduction to the complex field of drug and alcohol treatment and rehabilitation.

2. Content Outline: Among the major areas of interest, the following will be emphasized:

- A. Addiction in America: the problem defined;
- B. What is the nature of addiction?;
- C. Detoxification;
- D. The psychological interpretation of addiction;
- E. Addiction and the family;
- F. Women and addiction;
- G. Adolescents and addiction;
- H. Recovery is a process;
- I. Alcoholics Anonymous: one program that really works;
- J. Spiritual aspects of recovery;
- K. The professional meets the addict.

3. Didactic Modalities: I have found the lecture form to be a necessary, though insufficient mode of communicating the essential facts and proper attitudes that are required. Therefore, I will complement the lectures with the following:

A. Audio-Visual Aides: There are several excellent films about addiction. Especially relevant and concise is Guidelines, by "Father Martin." I have arranged to have this film available for showing.

B. Field Experience: Every student will be expected to attend at least one open meeting of Alcoholics Anonymous. The meetings are open to all interested people. This is a unique opportunity to experience the therapy as it occurs. Trips to other area agencies (Post House, Mulberry Center, etc.) will be encouraged.

C. Readings: Although there are many good books and pamphlets, I will recommend that the students read portions from the "Big Book" of A.A., Alcoholics Anonymous. This book was written by and for people addicted to alcohol. It is the basic reference for most drug and alcohol counselors. Also highly recommended is Licit and Illicit Drugs, an encyclopedic work by the editors of Consumer Reports. It details the pharmacology of the drugs Americans use - and abuse - most often.

D. Class Discussion: A portion of each meeting will be set aside for questions about the lesson or any relevant topic. I will attempt to stimulate discussion by presenting case histories, etc. to the class. In the face-to-face exchange of ideas and attitudes, deeper levels of understanding and integration become possible.



7-14-81

Tom -

Here's an old course outline. As I indicated yesterday, I would modify the course to fit the special needs of the group, e.g., parents, teachers.

Please feel free to contact me if I can be of service to your committee.

Sincerely,

Larry Jermoluk, Ed.D.

P.S. please note: this course was 30 class hours for 2 (senior-level) social work credits.

NOT ILLEGIT  
 Drafts  
 (used in 1981)  
 This was  
 a mental  
 health course

## CONGRESSIONAL RECORD — SENATE

December 6, 1979

CONFUSION IN FEDERAL  
MARIHUANA POLICY

Mr. HUMPHREY. Mr. President, I am very concerned that the American public, especially our children, may have a confused notion about the health effects of marihuana. In part, this confusion is a result of conflicting information coming from the Federal Government itself. This confusion is disturbing and dangerous and unnecessary.

The National Institute on Drug Abuse (NIDA), the arm of the Government responsible for Federal efforts for prevention programs, research into the effects of various drugs, and education aimed at the general public is partly responsible for the confusion because of some of its publications. Many of these publications are circulated to guidance counselors and schools throughout the Nation. One of these publications, "Let's Talk About Drug Abuse: Some Questions and Answers (1979)," recently came to my attention. This document is an example of the Federal Government's responsibility for confusion on the health hazards of marihuana.

While much of the information contained in the booklet is helpful to children, teachers, and parents in learning about the health hazards of marihuana and other drugs, the "Suggested Reading" in the booklet recommends as a source of information the Do It Now Foundation, based in Phoenix, Ariz. The reading list contained in the NIDA booklet includes Do It Now's publication

"Drug Abuse: A Realistic Primer for Parents." The inclusion of the Do It Now information sends a dangerous signal to America's young people about the Federal Government's attitude toward marihuana use.

How can we expect young people to be properly informed about the hazards of marihuana use, especially for young people, when the Federal Government, through NIDA, apparently endorses conflicting views on marihuana use?

Let me outline examples of this dangerous dichotomy in Federal attitudes toward marihuana. Do It Now's publication, recommended by NIDA, states that

physically harmful, even in remote ways."

Yet, Dr. William Pollin, Director of NIDA, testified before the House Select Committee on Narcotics Abuse and Control on July 19, 1979, that:

While much remains to be learned about the health implications of marihuana, I would like to emphasize that our present evidence clearly indicates that it is not a "safe" substance. As a psychiatrist, I would also like to stress that virtually all clinicians working with children and adolescents agree that regular use of marihuana by youngsters is highly undesirable. Although experimental evidence concerning the implications of use in this group is not easily obtained, there is little serious question that regular use of an intoxicant that blurs reality and encourages a kind of psychological escapism makes growing up more difficult. While there is controversy over the implications of present research concerning adult use, few would argue that every effort should be made to actively discourage use by children and adolescents.

Dr. Pollin clearly does not endorse the ambiguity discussed in the booklet recommended by his agency, NIDA. Such conflicting views certainly damage NIDA's education efforts.

Other misleading information conveyed by Do It Now's Primer includes advice to parents that they should "Remember that marihuana is not addicting." Yet Dr. Pollin's recent congressional testimony flatly contradicts this rosy view of marihuana's health hazards by stating that "some percentage of regular heavy users do develop a psychological dependence on marihuana to the extent that it interferes with functioning."

In light of these serious contradictions seemingly endorsed by NIDA, it is no wonder there might be confusion about marihuana among parents, educators, and the children themselves.

Mr. President, I call on NIDA to review the literature endorsed by them. Dr. Pollin's view of marihuana as a dangerous drug harmful to children and adolescents must not be undermined by publications such as Do It Now's "A Realistic Primer for Parents," endorsed by NIDA. Such "Suggested Reading" is misleading and downright dangerous. Our Nation's Federal drug abuse effort should not reflect such carelessness.

The State Prevention Committee  
of The Governor's Advisory Council on Alcohol and Drug Abuse

#4

### Position Paper on Effective Drug Education

Students live in a substance-consuming society which is oriented toward the use of substances for a wide variety of reasons. For the majority of students, the concept of abstinence goes against parental, peer, and sibling influences; advertising, media representation, and cultural traditions which promote the use of substances are unrealistic and often develop credibility gaps. Examples of a few of these factors include:

- a. There are approximately 100 million recreational drinkers.
- b. \$500 million spent in 1979 on advertising by the alcohol industry.
- c. \$400 million spent in 1979 on advertising by the cigarette industry.
- d. \$300 million spent in 1979 on advertising by the legal drug industry.
- e. Parental drinking and prescription drug use are directly related to the use of substances by their children.
- f. Drug use by junior high males is correlated to holding "he-man" values.
- g. Students rank movie stars and wealthy people as most likely to drink/least likely to abstain (teachers ranked third).
- h. 20% of adult women will use tranquilizers in any given year.
- i. There were 70 million prescriptions written for Valium in 1978.
- j. 40 billion pills were produced last year, with 50% used for mood altering purposes.

The external factors mentioned above, combined with individual personality factors and specific events impact on the individual's decision to use substances, which ones to use, and in what way. Even the most comprehensive drug education program may not be able to immediately counter these influences. The educational effort may not bear fruit until years later when life experiences cause individuals to re-evaluate their attitudes and behavior.

Effective substance education must begin with educators who have clarified their own attitudes about alcohol and other drugs. Inservice training for staff to clarify values, increase knowledge, and promote positive role modeling provides the cornerstone for developing a school climate which supports substance education.

There is no single approach which will be effective with all students. What might be productive with one student may be counterproductive with another. Information on the risks involved with drug use may reinforce both the abstainer and the heavy user who is building an identity around his/her risk-taking behavior.

\* The reason for use or abstinence varies. (Educational efforts are discredited by categorizing all users under the label "abuser.")

Substance abuse is a societal problem. It pervades all parts of our society, making prevention efforts necessary in all of its institutions, e.g., family, school and the community, etc. A comprehensive approach involving all of them in a cooperative effort is the most productive.

Prevention efforts have never been well funded or supported in the past. The difficulty of establishing objective criteria for evaluation and the bias of many professionals in the substance field toward treatment has limited prevention efforts.

In 1979, 1.3% of the National Institute for Alcohol and Alcohol Abuse (NIAAA) budget was designated for prevention purposes. At the same time, 3.5% of the National Institute on Drug Abuse (NIDA) budget was used for the same purpose--showing the historically low priority for prevention. In 1980, however, NIDA has designated 7.5% of their treatment monies to be used for prevention, indicating a trend towards acceptance of the need for prevention.

The decision to use alcohol, nicotine and other drugs often results in short term, immediate gratification of needs, from reduction of anxiety to increased sensations of pleasure. Unfortunately, prevention efforts have traditionally failed to offer similar incentives for abstinence or moderate use. Positive results are usually presented as distant benefits (better health when older, not developing an addiction, etc.)

Many individuals have difficulty conceptualizing future benefits, preferring to choose immediate gratification and deny any future adverse consequences of this choice. An effective substance educational effort must also contain components which offer "here and now" benefits (improved self-concept, feelings of self-worth, friendship, recognition, problem-solving skills, etc.). As an example, a recent study of substance abusers in a school system cited the following similarities:

1. Poor communication skills
2. Low self-concept
3. Uncertain values
4. Poor decision-making skills
5. Isolation

\* Knowledge of the adverse effects of drugs does not appear to reduce experimentation patterns. An individual's attitude toward substances is not directly correlated with awareness of negative consequences.

- a. 90% of teenagers who smoke cigarettes are aware that cigarettes are harmful.
- b. Several studies have demonstrated that an increase in knowledge is correlated with increased use of alcohol and other drugs. However, they have also demonstrated a correlation between increased knowledge and decreased abuse.

In general, students are interested in receiving more information on substances (80% in junior high, 70% in high school). But this interest varies according to the student's pattern of use. The more a student uses substances, the less interested they are in more information. Users are interested in learning how to use their substances more safely; abstainers wanted information on how to help a friend with a drug problem. Once again, a comprehensive, rather than singular, approach is needed to reach the full spectrum of students.

\* How substances affect an individual can vary according to the person's age, sex, weight, prior drug experience, time of day, room temperature, environment, degree of anxiety, and expectations. Any attempt to present information that use of a drug always has a harmful effect will lose credibility, especially with students who are already users.

Substance information has to be relevant, up-to-date, and truthful if students are to develop trust in the program. Information which has too much discrepancy from the user's own subjective experience may have a boomerang effect--reinforcing drug use and a lack of trust in the school's overall prevention efforts.

Finally, it is important to develop a clear understanding of exactly what the prevention program is trying to prevent. Are you trying to:

- a. Prevent the use of alcohol and other drugs?
- b. Prevent the abuse of alcohol and other drugs?
- c. Prevent the use of other drugs, but not alcohol?
- \* d. Develop a realistic, positive attitude toward the use of substances?
- e. Prevent situational use, such as drinking and driving?
- f. Prevent age-related use, such as deferring use until becoming an adult or older adolescent?
- g. Prevent use by certain populations, children of alcoholics or youth with poor self-concept or coping skills?
- h. Or to provide recognition of early signs of abuse and the knowledge of how to intervene?

What is most important to remember is that how you define the problem will determine (and restrict) the range of possible solutions available to you, so a clear understanding of the issues involved is a vital first step in the process. The preceding questions are simply indicative of criteria to be met in taking that first step.

#### DO NOT!!!

1. Do not bring samples of drugs or drug equipment. It increases student curiosity, glamorizes the issue, presents a viable "shopping list" and can reinforce the student who is already using.
- \* 2. Do not use one-time presentations.
- \* 3. Do not use large group or assembly presentations; they encourage inappropriate interactions.
- \* 4. Do not use police, treatment workers, or ex-abusers (unless they are incorporated as one component of a drug-prevention effort).
5. Do not moralize or expose own biases. It restricts open dialogue and puts the student on the defensive.
- \* 6. Do not use "scare" tactics, such as "All marijuana users become heroin addicts," and "All use is abuse." There will be no credibility with students and all future efforts will be undermined.
7. Do not use slang terms. This reinforces the student's knowledge of terms, gives the effects of being "cool" (unless it fits the teacher's personal style, it is impossible to remain current).
8. Do not show a film without adequate presentation and follow-up discussion.



DO:

1. Students should be forewarned of arguments to use drugs, via role-playing situations on peer pressure, etc.
- ✓2. Make students aware of advertising techniques used to sell drugs.
- \* 3. Students should have a knowledge base with both positive and negative uses of drugs.
4. Make students aware of reasons people become susceptible to drug use and abuse, and the consequences.
5. An effective program should include values clarification, problem solving, and decision-making skills and enhancing self-concept.
6. To account for the individual differences of students (learning styles, cultural background, etc.), various methods of presentation should be utilized.
7. Make drug education an ongoing experience, starting in early elementary grades and continuing through secondary grades.
8. Provide relevant alternative activities for students with opportunity to learn new skills and find new areas of recreation. They must be affordable by all students and involve adequate instruction.
9. Use only current films and materials with accurate presentation and the following conditions:
  - interesting
  - appropriate age level
  - pre-screened
  - pre-conceived discussion questions
  - adequate time allowed for class questions and discussion
10. Provide an open classroom atmosphere for drug education without being judgmental. There must be a trust level between the teachers and students.
11. Attempt to develop an awareness by the staff of their personal attitudes toward drugs through periodic faculty workshops lasting more than one hour, with small group, personalized interactions which encourage self-awareness.
12. ✓ Schools should have a written policy on drug use and an awareness of that policy by staff, students and parents.
13. The discipline component of the written policy should include the opportunity for positive reinstatement of the student.
14. Work toward community and parent involvement, including a factual knowledge base of the problem and an awareness of the issues involved.
15. ✓ Staff training and technical assistance is advised.

Resources: Names of resources are available through the Colorado Department of Education, Health Education, 201 E. Colfax Ave., Denver, CO 80203 (303) 839-3382.

Some resources for alcohol/drug education:

Pam Phelps, Consultant (program implementation  
Alcohol/Drug Education & teacher training)  
Colorado Dept. of Education  
201 East Colfax  
Denver, Colo. 80203  
892-2241

PYRAMID Project  
39 Quail Court, Suite 201  
Walnut Creek, Calif. 94596  
TOLL FREE (800)227-0438

Nat'l Institute on Drug Abuse  
11400 Rockville Pike  
Rockville, Md. 20852

Nat'l Coordinating Council on Drug Education  
1526 18th Street, N.W.  
Washington, D.C. 20036

Nat'l Clearinghouse for Alcohol Information  
Box 2345  
Rockville, Md. 20852

Nat'l Congress of Parents & Teachers (PTA)  
700 N. Rush Street  
Chicago, Ill. 60611

Operation Threshold (alcohol ed. materials)  
U.S. Jaycees  
Box 7  
Tulsa, Oklahoma 74102

TRIBES (peer group process manual \$6.50  
166 Capricorn Ave. inc. postage)  
Oakland, Calif. 94611

STASH (publishes info & research)  
118 S. Bedford St.  
Madison, Wisc. 53703

Alcoholics Anonymous, Alateen & Alanon  
Central Office  
211 E. Colfax  
Denver, Colo. 80206  
322-4440 and 321-8788

Colorado Div. of Highway Safety  
4201 E. Arkansas Ave.  
Denver, Colo. 80222  
757-9481

Education Commission of the States  
Alcohol Program  
1660 Lincoln, Suite 822  
Denver, Colo. 80295  
893-5200  
(findings of a 3 yr. study on alcoholism  
prevention & interim reports on strategies)

Nat'l Council on Alcoholism  
Mile Hi Chapter  
2727 Bryant, Suite 310  
Denver, Colo. 80211

Guidance Associates  
Robert Murphy, Media Specialist  
6866 So. Locust Court  
Englewood, Colo. 80110  
771-2844  
(packaged materials, especially for teachers)

Addiction Research Foundation  
Marketing Department  
33 Russell Street  
Toronto, Ontario  
Canada M5S 2S1

Do It Now Foundation (publishes information)  
P.O. Box 5115  
Phoenix, Arizona 85010

Nat'l Institute of Mental Health - Center for  
the Study of Narcotic & Drug Abuse  
Bethesda, Md. 20014

Dept. of Public Instruction  
Div. of Curriculum  
229 State House  
Indianapolis, Indiana 46204  
317-633-4507  
(curriculum guide: "Drug Abuse Education  
Resource Guide" 1974)

The Complete Handbook of Peer Counseling,  
by Mimi & Don Sexuels  
available for \$5.95 from:  
Fiesta Publishing-Corp.,  
Educational Books Division  
6360 N.E. 4th Court  
Miami, Florida 33138

\*\*\*\*\*

This list includes national and state-wide resources. Many local resources also exist, such as your district's health education coordinator/instructor, county and/or private mental health and addiction treatment facilities, local colleges often have an alcohol/drug studies person, your county commissioners are a source of information concerning licensing for liquor sales, counseling & guidance departments are often familiar with peer counseling techniques which are often integrated into preventive alcohol/drug education.

7/77  
CDE/DWD

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NOTE: In our effort to  
bring you the latest  
information available,  
we reserve the right  
to amend this outline.

### 1981-82 CURRENT HEALTH 2 Editorial Outline

| Topic     | Concept                          | Process and<br>Structure | Personal<br>Health                              | First Aid<br>and<br>Safety | Recreation              | Drugs                              | Environment              | Psychology                         | Current<br>Health<br>Trends |
|-----------|----------------------------------|--------------------------|-------------------------------------------------|----------------------------|-------------------------|------------------------------------|--------------------------|------------------------------------|-----------------------------|
| SEP. 1981 | Tumors                           | Recreation<br>Exercises  | Genetics<br>and Gray Hair                       | First Aid<br>and Safety    | Recreation<br>Exercises | Drugs<br>Alcohol<br>and<br>Tobacco | Environment<br>at School | Psychology<br>Anxiety<br>Disorders | Sex<br>Abuse<br>and the Law |
| OCT. 1981 | The<br>Endocrine<br>System       | Working<br>Exercises     | Psychosis<br>Schizophrenia<br>and<br>Depression | First Aid<br>and<br>Safety | Recreation<br>Exercises | Drugs<br>Alcohol<br>and<br>Tobacco | Environment<br>at School | Psychology<br>Anxiety<br>Disorders | Sex<br>Abuse<br>and the Law |
| NOV. 1981 | Artificial<br>Heart and<br>Lungs | Working<br>Exercises     | Psychosis<br>Schizophrenia<br>and<br>Depression | First Aid<br>and<br>Safety | Recreation<br>Exercises | Drugs<br>Alcohol<br>and<br>Tobacco | Environment<br>at School | Psychology<br>Anxiety<br>Disorders | Sex<br>Abuse<br>and the Law |
| DEC. 1981 | Artificial<br>Heart and<br>Lungs | Working<br>Exercises     | Psychosis<br>Schizophrenia<br>and<br>Depression | First Aid<br>and<br>Safety | Recreation<br>Exercises | Drugs<br>Alcohol<br>and<br>Tobacco | Environment<br>at School | Psychology<br>Anxiety<br>Disorders | Sex<br>Abuse<br>and the Law |
| JAN. 1982 | Artificial<br>Heart and<br>Lungs | Working<br>Exercises     | Psychosis<br>Schizophrenia<br>and<br>Depression | First Aid<br>and<br>Safety | Recreation<br>Exercises | Drugs<br>Alcohol<br>and<br>Tobacco | Environment<br>at School | Psychology<br>Anxiety<br>Disorders | Sex<br>Abuse<br>and the Law |
| FEB. 1982 | Artificial<br>Heart and<br>Lungs | Working<br>Exercises     | Psychosis<br>Schizophrenia<br>and<br>Depression | First Aid<br>and<br>Safety | Recreation<br>Exercises | Drugs<br>Alcohol<br>and<br>Tobacco | Environment<br>at School | Psychology<br>Anxiety<br>Disorders | Sex<br>Abuse<br>and the Law |
| MAR. 1982 | Artificial<br>Heart and<br>Lungs | Working<br>Exercises     | Psychosis<br>Schizophrenia<br>and<br>Depression | First Aid<br>and<br>Safety | Recreation<br>Exercises | Drugs<br>Alcohol<br>and<br>Tobacco | Environment<br>at School | Psychology<br>Anxiety<br>Disorders | Sex<br>Abuse<br>and the Law |
| APR. 1982 | Artificial<br>Heart and<br>Lungs | Working<br>Exercises     | Psychosis<br>Schizophrenia<br>and<br>Depression | First Aid<br>and<br>Safety | Recreation<br>Exercises | Drugs<br>Alcohol<br>and<br>Tobacco | Environment<br>at School | Psychology<br>Anxiety<br>Disorders | Sex<br>Abuse<br>and the Law |
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Volume 8, No. 1 • September 1981

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#4  
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# Current Health

## The Continuing Guide to Health Education 2



• Before students read the "Drug" article hold a class discussion on the topic "What is too much pot?" Remind the students to give thought to the following: Should overuse be measured by a quantity, such as 1/2 ounce per month? Frequency of use? One's personal productivity or lack of it?

This activity may get the students who are using marijuana to examine their use, and make decisions regarding overuse of the drug.

• With the class working in small groups, ask them to write down what they would include in an hour presentation on the topic "Marijuana: What it will and will not do for you." Tell the class that this presentation should be aimed at eleven-year-olds or sixth graders.

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On the other hand, drug experimentation may show the youngster is secure and trying to make mature decisions to ease his or her way into adulthood. It's hard for parents to accept but a child who tries drugs is not necessarily disturbed.

Some of the positive reasons for taking drugs are curiosity, excitement, aesthetic pleasure, attempts to attain a status within society or group acceptance, and attempts to obtain personal perfection or at least personal growth. These are decent motives though expressed in ways most parents have trouble tolerating.

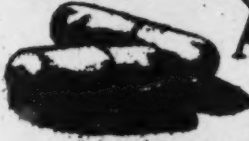
If not, when young people find out that the fears their parents filled them with are groundless, they may disbelieve everything else their parents say about drugs. Adults can't be trusted, kids may believe because they lie.

Sociologically marijuana doesn't lead to addiction or crime. A young person is not irretrievably lost to a future of apathetic wandering simply because he or she smokes marijuana.

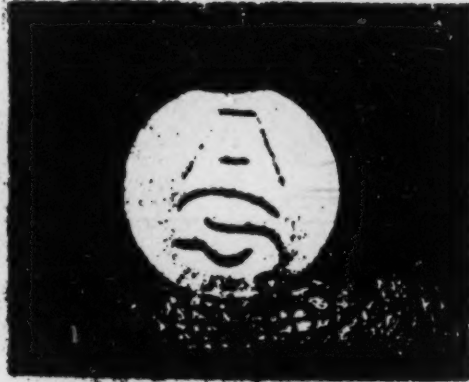
# DRUG ABUSE

NEW REVISED EDITION

HEALTH & SURVIVAL EDUCATION PROGRAM  
Colorado Department of Education  
501 East Colfax  
Denver, CO 80203



## A Realistic Primer For PARENTS



Or, "THINGS YOU SHOULD KNOW ABOUT DRUGS AFTER READING THE SCARE PAMPHLETS."

Compiled by VIC PAWLAK  
And the DO IT NOW Staff



Dear Parent,

Every day we get a big stack of mail and countless phone calls. Every day we get asked decent questions about street drugs, and we also get asked ridiculous questions. In six years, parents have asked us thousands of times to "talk my kid out of using drugs," along with other impossible requests. Very seldom do parents ask about hard drugs. And especially in the last few years, very seldom does a user call up and *not* mention hard drugs.

Because there is obviously a gap here, we felt a detailed publication was in order, in an effort to narrow it from a large canyon to at least a narrow gorge.

What we have attempted to bring you in this pamphlet is a basic primer on the drugs which are the greatest concern to parents, with emphasis on the ones which have the greatest potential for doing physical harm, as well as those causing the greatest emotional grief.

Like it or not, if you are a parent with a son or daughter between 5 and 20, you are going to have to face up to the fact that he will be exposed to drugs at some point or another. From the television set to the medicine cabinet to the school parking lot, exposure from the earliest ages is now inevitable. If the problem of drug abuse is ever to end, it will have to be through effective education. This takes time. And meanwhile, curiosity will eventually get to over 70% of them nationally, up to 90% in some areas. Obviously scare tactics don't work anymore. We've raised the healthiest, smartest, best informed generation in history, and among the hallmarks of intelligence is an insatiable curiosity for the unknown.

It is a proven fact that today's children are as a rule better informed concerning drugs than their parents. But even they are obviously a long, long way from knowing all the answers. So when they come around asking questions, shouldn't you have the answers they need? If you don't know the first time, or turn them off completely, chances are they may never ask again.

We'd like to help. Having been involved so long with drugs ourselves, we at Do It Now would like to invite you to take advantage of over 150 collective years of former drug use and experimentation. A lot of it is summarized here. We hope you can use it.

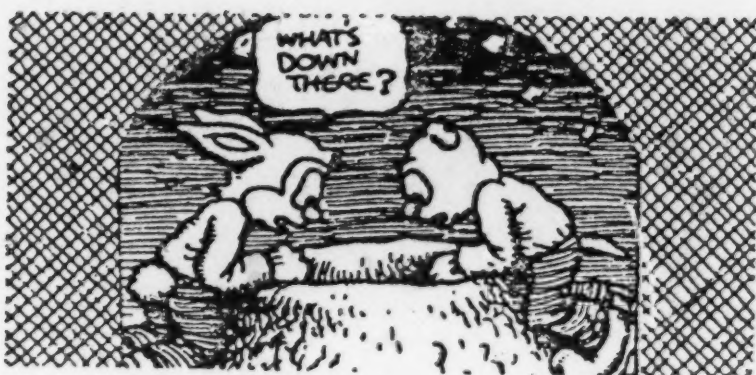
Peace,

Vic Pawlak, Director

DO IT NOW FOUNDATION

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*"DRUG ABUSE: A Realistic Primer for Parents" is a publication of the Do It Now Foundation. For more copies, write to: Do It Now Foundation, National Media Center, P.O. Box 5115, Phoenix, Arizona 85010.*



## MARIJUANA

*Classification:* Mild hallucinogen.

*Overdose potential:* None.

*Physical addiction:* None.

*Common methods of consumption:* Smoked, occasionally ingested.

(Also "Grass," "Weed," etc. *Hashish*, for which the following description also applies, is a concentrated solid made from the resin of the marijuana plant.)

Sooner or later, every parent has to make up his mind about marijuana, or face the danger of being confronted with answerless questions sometime in the future. Things to remember: First, marijuana is the key to effective communication between parent and child, in the vast majority of cases. Parents who take a hard-line "killer weed" stand lose communication with their kids for the following reasons:

(1) Marijuana, to date, has not been proven physically harmful, even in remote ways. (i.e. — Lung cancer from smoking too many joints. The average cigarette smoker will smoke one to two packs a day of tobacco which contains tars, etc. while the only tars in a joint are in the paper. The average heavy marijuana user may smoke 5 — 10 joints a day, but most users smoke 2 — 4, and then not necessarily every day.) Kids who have tried marijuana know that it is not physically harmful, so if you argue that it is, you are widening the gap. Street information, in this case only, is as accurate as any other source.

(2) Arguing that marijuana causes harmful psychological reactions has proven itself fruitless, and if anything, shows your kids how little you know. For one thing, drastic reactions occur only in extremely rare cases and then only in the type of person who reacts severely to everything, including alcohol, caffeine, etc. (You may safely point out this fact.) As far as the mild psychological changes that occur in many people, these are considered by the youth culture to be generally beneficial in nature, and have evolved into what is commonly called "a good place for your head to be." You can rest assured that the monster changes publicized from the 30's to 60's are completely without scientific base.

(3) The argument that marijuana causes you to do foolish things (i.e. — get into traffic accidents, jump off of windows, walk into traffic, get into fights) is for the most part, unfounded. However, all this *may* be true with *foolish people* (a very small percentage actually), just as much as it would be true with alcohol, which brings us to the next point.

## Psychosocial

... are among the most fascinating drugs in the drug world. ... they scramble nerve functions, distort ... and disorganize ... function.

... they were a mystery. But scientists do know that they either ... the ... of electrical impulses in the brain. Soon the user sees the ... colors dance and visions appear from the air. Things are ... for anywhere between 4 to 24 hours, and ...

... LSD ... increases blood pressure, dilates ... muscles in the lungs and alters other physical ... the user loses proper judgment. Coordination and ... seem to move quickly and appear ...

... LSD ... is susceptible to suggestion. Understanding ... a bad trip can be caused by an ... a bad trip ...

... LSD ... promotes a false sense of cosmic ... things that are ... in seconds. ... death and ... into ... a sensitive person usually can turn the ... impact of a bad trip.

... LSD ... from the psychoactive ... button, and from morning glory and ... are available. ... and DMT. The reactions from the ... as intense as ... physical effects. But the ... that they send the user on an ... between 4-24 hours.

... LSD ... ask is whether the chemicals ... go crazy? Probably not, unless serious ... are already there.

... LSD ... have genetically ... LSD. Researchers have shown that ... do not cause the type of chromosome ...

... LSD ... change and ... influence a youngster's ... Whether this influence is good or bad, only the ... can determine.

... LSD ... This is true for marijuana and all ... responsibility.

... LSD ... Adolescence is a time during which youngsters learn those skills. It's not a time for drug use. ... only coping stoned is learned. Ultimately stoned coping leads to personal crises which require tools the youngster hasn't learned.

... Adolescence is a very difficult time; one of life's most difficult. Tools to be used for the rest of one's life are learned and refined during this period. It's training for adult life, but it's also more than that. Adolescence is a time of great change, often overwhelming and painful. It's the time most associated with drug experimentation.

... Drug use develops as a means to deal with change ... at least the pain of change. Kids experiment with drugs as tools to deal with change, though many they use them, few end up as drug abusers. Nevertheless some means of escape from reality are sought and drugs often become a part of the picture.

... Few other drugs have been scrutinized as closely as marijuana. Researchers comb every lead for clues to marijuana's effects. They probe every part of the body and inspect marijuana's effect on every function.

... Researchers are now concentrating on four areas of the body: lungs, brain, endocrine and reproductive systems. The findings so far have raised eyebrows, but they found nothing very concrete.

... They need two things to clear the mind from public debate. First they must duplicate previous research findings. Before findings become proof, duplication is mandatory.

... Secondly, the public wants to know what the evidence means to individual users. The very nature of chemical interaction means some change always occurs. What the change means, if anything, is the question the public wants answered.

... Research suggests that marijuana smoke contains a number of cancer-causing agents. No link between marijuana smoking and cancer has been established, however.

... Smoking also obstructs the lung's air passageways. This has been established. Some researchers claim that marijuana effects the brain. We mentioned learning, memory, and psychomotor skills above. But some claim that apparent brain damage results from marijuana use. To date, these are allegations only; no credible research substantiates these charges.

... An "amotivational syndrome" -- apathetic aimlessness -- results from marijuana smoking, some scientists maintain. Their claims are unfounded. The unanswered question for those "burnt out" (amotivated) people remains: Did marijuana cause "burn out" or was marijuana available to one who was already amotivated? No answers free of bias are available here.

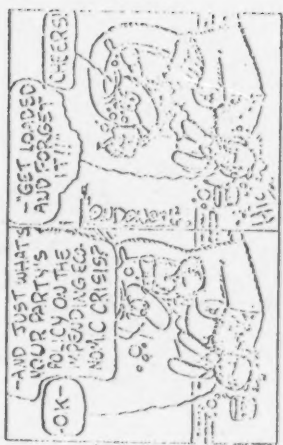
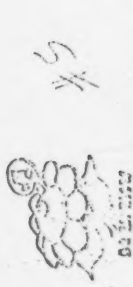
LSD - "ACID"

**Classification:** Hallucinogen.  
**Onset:** 30 minutes. **Duration:** 8-12 hours. **Effect:** Varies from mild to severe.  
**Warning:** Do not drink or eat. Do not drive. Do not operate machinery.  
**Notes:** LSD is a powerful hallucinogen. It is a potent stimulant and can cause a wide range of effects. It is a powerful hallucinogen. It is a potent stimulant and can cause a wide range of effects.

Try to remember that LSD is an impossible, endless task. You may have heard that LSD is a powerful hallucinogen. It is a potent stimulant and can cause a wide range of effects. It is a powerful hallucinogen. It is a potent stimulant and can cause a wide range of effects.

The "new" LSD is a powerful hallucinogen. It is a potent stimulant and can cause a wide range of effects. It is a powerful hallucinogen. It is a potent stimulant and can cause a wide range of effects.

And what is this mean if I suspect my child is experimenting with LSD? It is a powerful hallucinogen. It is a potent stimulant and can cause a wide range of effects. It is a powerful hallucinogen. It is a potent stimulant and can cause a wide range of effects.



BOBBY LONDON

This has been one in a series of informational publications written by Do It Now in the interest of realistic drug education. For more information and a price list of other available materials, write to:

DIRECTOR OF PUBLICATIONS  
DO IT NOW FOUNDATION  
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# TRIBES

A Program for Peace, for the moment  
 of the world, for the world, for the world



*Time:* 35 minutes  
*Materials:* pencils, paper

*Influence:* tribe  
*Grades:* 4-8

## Life Boat

### Objectives

1. To give opportunity to identify value priorities
2. To encourage sharing of feelings with group
3. To encourage self-enhancing action

### Instructions

1. Read aloud the entire list of characters, and the situation.
2. There are seven survivors and there is only room for five on the life boat.  
 You must choose which five are to go into the life boat.
3. Have each member of the tribe be a character. Speak as though you are really the character and explain why you must get into the lifeboat. After all have spoken then each person is to mark which five are to go.  
~~are to go.~~
4. Ask participants to share feelings toward most desirable and least desirable.

### Discussion

Ask questions such as:

- What seems to link together the most desirable people to be saved?
- What values are you upholding in your choice?

### Process

Ask questions:

- How did you feel about your group?
- How did others respond when you shared your choices? Did they listen? Did they seem to care?

### Validation

Suggest that members validate, saying:

- "I felt good when . . ."
- "You're a lot like me when . . ."
- "I admire you for . . ."

There are one hundred people aboard a huge ship sailing around the world. They are having a lot of fun. They have all gotten to know each other and are friends. One night as they are singing and dancing together, suddenly there is a huge blast. Those who have survived the blast are running to the one life boat. There is only one life boat that holds only five people and no more. It has water, food, life jackets, blankets for five people and no more than five. The ship is sinking fast. Suddenly standing at the life boat are seven people. They all look at each other. They know each other and have been friends. They know that only five of the seven will go into the life boat. They also know that two of them will not go. They all want to go. It is up to you to decide which ones stay and which go into the life boat. Each person makes a statement about himself or herself telling why he or she should go into the life boat.

Here are the people . . . Choose five . . .

1. I am Mary. I am a few years older than the rest of the group. I am a teacher. People already feel that I can take control of the situation and help calm others. Although I am not friendly and agreeable, I have helped to quiet the group's nervousness and have settled an argument between Don and Linda. Even though no one seems close to me, I feel I would be a valuable person because I can organize well and solve problems.
2. I am Hazel, a black student in home economics and I know a lot about nutrition and how to ration food, without waste. I am efficient, to the point of being bossy.
3. I am Joe, a clean-cut husky football player and the star center of the basketball team. I am the only one able to lift all the people into the life boat. I also stopped a fight between two others. I have already been reprimanded by Hazel for snitching a candy bar from the limited food supply.
4. I am Nancy, Bill's wife. Generally I have a pleasant personality. However, I have been the most nervous and upset of the group. My temperamental and excitable mood is partially due to the fact that I am expecting a baby in two months.
5. I am Bill, Nancy's husband, I am a medical student. I have had two years of medical study, three summers in a camp as medical director and close association with my father who is a doctor. I refuse to stay unless Nancy stays. Also, I have a medical kit with first aid supplies; also I have drugs like barbs, speed and marijuana, which I use regularly.
6. I am Don, a happy, playful person. My smile, lively guitar music and funny jokes have helped to improve everyone's mood. I get along well with everyone in the group. I want to get on the lifeboat real bad. I come from a very wealthy family and I offer everyone a lot of money to choose me as one of the five people.
7. I am Jack, a sailor. I know all there is to know about sailing in the ocean. I know how to run the boat and repair it if necessary. I have practical know-how, although I have no formal education. I did not finish high school and I am a very angry person. I am constantly fighting with others about anything at all. I especially put down Mary and Don. I am always causing fights.

A group of fifteen experts, each capable of bringing about some kind of permanent change in one's life situation, have agreed to offer their services to the members of this class. You must decide which can best provide the change you want.

- ☐ J. PAUL GETTRICH—Will teach you how to handle money successfully. Become a multi-millionaire in weeks.
- ☐ DR. I. Q. BRAINEY—Guarantees to make you a genius. You will be able instantly to master any mental task you attempt.
- ☐ MA THUSELA—Is a sorceress whose herbs and potions will increase your life expectancy to as much as five hundred years of vital, productive life.
- ☐ ATLAS ARMSTRONG—Provides a course of diet and exercise guaranteed to make you ten times stronger, with no loss of agility or distortion of body image.
- ☐ MADAME DEB BONAIRE—Teaches you to be poised and at ease in any social situation.
- ☐ DR. MAE Q. GORGEOUS—Through plastic surgery and hormones, provides you with the face and figure of your choice.
- ☐ LOTTA CHUCKLES—Helps you develop your sense of humor. You will be able to laugh at your own mistakes and to see the funny side of many things that used to bring you down.
- ☐ DR. WILL B. CHARMING—Instructs you in the art of winning and keeping friends. People will find you charming and lovable; you will never again be lonely.
- ☐ B. A. SUPERJOCK—Trains you to achieve super-star status in the professional sport of your choice: baseball, football, soccer, tennis, golf, etc.
- ☐ INA MIRROR—Enables you to see yourself objectively, to understand yourself, your values and your motives for everything you say and do.
- ☐ MS. MARY SELFORTH—Will help you increase your self-esteem, self respect and self confidence. Ms. Selfworth will enable you to become your own best friend.
- ☐ PROF. SVEN GALLEY—Teaches you ways of increasing your persuasive powers over people. You will be able to influence others to do virtually anything you want them to do.
- ☐ DR. FEELGOOD—Teaches you how to "get high" naturally; to feel good all the time without drugs or alcohol.
- ☐ RALPH RADAR—Helps you become an effective political reformer and consumer advocate. You will be able to make government and industry more responsive to the needs of the citizen and consumer.
- ☒ DR. KAREN HORNEY—Will teach you to be an ideal sexual partner, to enjoy sexual relations and bring pleasure and fulfillment to others.

#6

DRUG USE AND ABUSE MINI UNIT

August 1980

## TEACHER LECTURE COPY

| Category           | Common Names                                           | Medical Use                                                                              | Effects                                                                        | Types of Dependence       | Dangers                                                                                                                                                             |
|--------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stimulants         | Uppers<br>Speed<br>Amphetamines<br>Cocaine<br>Caffeine | Diet & pep pills,<br>Hyperactivity,<br>Treatment for depression, Overdose of depressants | Increased bodily function, heart rate, respiration, digestive, nervous systems | Psychological             | Easy to become dependent; easy to overdose; long term use leads to deterioration of vital organs<br>impaired judgment; paranoia<br>hallucination (cocaine), suicide |
| Depressants        | Downers<br>Barbiturates<br>Cocaine<br>Caffeine         | High blood pressure<br>Pain killers,<br>Epilepsy                                         | Decreased bodily function, heart rate, respiration, nervous system, etc.       | Physical<br>Psychological | Most common cause of drug overdose, easy dependence, withdrawal can be fatal, especially dangerous when barbiturates or tranquilizers are combined with alcohol.    |
| Narcotics          | Opium, codeine, heroin, morphine, methadone            | Pain killers, surgical use, cough medicine, methadone substitute for heroin              | Euphoria, depressant, effect on nervous system                                 | Physical<br>Psychological | Easy to become physically dependent, easy to overdose, withdrawal symptoms, hepatitis, cirrhosis                                                                    |
| Hallucinogens      | LSD (acid), PCP (angel dust), mescaline (peyote)       | None                                                                                     | Hallucinations with all of senses                                              | Psychological             | Loss of realistic perception, destructive behavior, flashbacks, possible permanent brain damage (psychosis)                                                         |
| Inhalants          | Glue, hydrocarbon fumes (paint, gas, turpentine)       | None                                                                                     | Euphoric, high from fumes and lack of oxygen                                   | Psychological             | Organ damage, easy overdose                                                                                                                                         |
| Marijuana and Hash | Pot, weed, Mary Jane, THC                              | Experimental                                                                             | Effect heart rate and reaction time, lethargy                                  | Psychological             | Unknown                                                                                                                                                             |

NOTE TO TEACHER - Classification is not rigid, varied sources will differ

## HEALTH EDUCATION 7TH GRADE UNIT

## "DRUG USE AND ABUSE"

## Miniunit

## Viewing Activities

Alcohol, Drugs, or Alternatives #6989.

Sandler Institutional Films, Inc. 1975.

Jeffco Film Library

The Other Guy, Parts I & II. #6996 & 6997.

Association of Blue Shield Plans. 1971.

Jeffco Film Library

Angel Dust, PCP. #87.

Art-Co. Productions. 1978.

11:59 - Last Minute to Choose. #2317.

Holt. 1971.

Jeffco Film Library

It's My Hobby. #5250.

Martin & Cricks Ltd. 1974.

Jeffco Film Library

It's Only Booze. #6531.

KNBC-TV 1976.

Jeffco Film Library

Mindbenders. #2715.

U.S. National Audiovisual Center. 1967

Jeffco Film Library

Smoking and You. #1360.

Not available. Not available

Smoking Past and Present. #2708.

American Cancer Society 1968.

Jeffco Film Library

Teenage Turn-on: Drinking & Drugs. #6545.

American Broadcasting Co. 1978.

Reading, Writing, and Reefer. 362.293 Video tape & cassette.

Films, Inc. 1978.

Jeffco Professional Library



LIST OF RESOURCES ON DRUGS  
ON JUNIOR HIGH/SENIOR HIGH  
BASIC LISTS

- Brecker, Edward M. Licit and Illicit Drugs. Little Brown. 1972.
- Grinspoon, Lester. Marijuana Reconsidered. Harvard University Press. 1977.
- Hyde, Margaret O. Addictions: Gambling, Smoking, Cocaine Use and Other. McGraw. 1978.
- Jones, Kenneth L. Drugs and Alcohol. Harper. 1973.
- Lingeman, Richard R. Drugs From A to Z, a Dictionary. McGraw 1974.
- Schroeder Ricard, ed.. The Politics of Drugs. Congressional Quarterly. 1980.
- Way, Walter L. The Drug Scene: Help or Hangup? Prentice-Hall. 1977.
- Worick, W. Alcohol, Tobacco, and Drugs. Prentice-Hall. 1977.

## 2

Miscellaneous Resources

- Claser, William. Positive Addiction. Harper-Row. 1976.
- Weil, Andrew. Natural Mind. Houghton Mifflin. 1972.
- Wagnen, Robert. Sarah T. Ballantine. 1976.
- Jones, Shainbers, Eyer Dimensions III. Canfield Press. No information found.

March 10, 1981

Dear Governor Lamb,

I'm writing as a Frustrated Mother who has found lack of proper facilities available for our young people with drug problems.

There seems to be no place for these kids to go to be properly helped.

About a year ago my thirteen year old daughter started ditching school, running away from home and had a turn-about in personality. We knew she had a problem but she wouldn't discuss it with us. Finally after the third trip away from home and being picked up by the police, a Lakewood policeman suggested that we see this counselor at Lakewood Youth Services. We had several sessions with him and was told we had a typical teenager who was just trying to grow up. She just needed more room.

Nothing changed, in fact it just got worse. Finally we discovered needle marks in her arms and was referred to another counselor. My daughter was put in a half-way house called Gemini. From there we went to Jefferson County mental Health Services for about 6 weeks of counseling. There also we were told just a typical teenager when I brought up drugs. I was told all teenagers experiment. To this day I feel the counselor we had

probably smoked pot!

In all these different incidents the finger was pointed to us. We had to have done something wrong or was doing something wrong. They all seemed more interested in convicting us than helping my daughter.

In Gemini I learned later the kids were given the choice between cigarettes and candy for treats. The place was not clean and since it was for both boys + girls, the girls were given birth control pills. All she came home with was more adversity toward authority.

Well on October 11st this last year she left home. We would not tolerate her dangs, not going to school and coming home if and when she pleased. She is now out on the street with people who understand her and very happy she says.

As a parent I know I can not lock her up, go to school with her and watch her every minute of every day. I found every one passes the buck and lays blame. We play the waiting game. Will she O.D., be a body found murdered, commit a crime or wake up on her own. I just wish there was professional understanding and help some where with results. It is such a waste of a young talented beautiful girl and I know from talking to several people she is not alone unfortunately.

Thank you, Rafi 4/1/ [Signature]



# A Neuroscience Basis for Reorganizing Middle Grades Education

Herman T. Epstein and Conrad F. Toepfer, Jr.

*Scientific findings now available strongly urge a searching reappraisal of the traditional approaches to cognitive learning in the middle school years.*

The optimism that many hold for the middle school does not rest on the result of its efforts to develop curricular experiences that are responsive to needs that learners manifest during the middle school years. To realize success, the middle school cannot ignore the holistic needs of these youngsters that transcend programs with overbalanced cognitive predominance. Cognitive growth during emerging adolescence must be viewed as a separate part of longitudinal development rather than as taking place in an undifferentiated continuum of school experiences. The middle school needs to organize a learning environment that takes into account (and may even have to provide for) social and emotional self-clarification and growth as a basis for working to maximize cognitive learning during these years.

While puberty is inevitable, there is a great variance in the time at which individuals experience this phase. School programs have not traditionally been responsive to the needs of individuals during their emerging adolescence period. The prime facets of this growth are physical and social, but the impact upon the individual during this

time is an emotional one. Youngsters begin to develop new and different roles with agemates of the same and opposite sex, and to cope with the realities of their new physical, social, emotional, and intellectual capabilities and expectations. However, the focus of the school upon cognition during this period has resulted in far less growth than we would hope even in the area of cognitive growth.

William Purkey<sup>1</sup> has provided supporting data which identify that during the middle school years, the addition of educational experiences leading to affective growth results in cognitive growth as well. Poor self-concept correlates with lack of cognitive achievement, and practice has demonstrated that experiences that reverse poor self-concept and improve this perception bring about a parallel improvement in cognitive achievement.

Brain growth periodization during emerging

<sup>1</sup>William W. Purkey, *Self Concept and School Achievement*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1970.



adolescence is an aspect of development not yet tapped by educators to help organize middle grades programs that will facilitate improved cognitive and affective growth with emotional self-clarification. This periodization was initially reported to the middle grades educational community by Epstein<sup>2</sup> and sets forth that, in perhaps 65 percent of all youngsters between ages 12 and 14, the brain virtually ceases to grow. This slow brain growth period parallels the transcendent's pubertal metamorphosis in a large number of individual circumstances.

The human brain increases in weight from 350 grams at birth to about 1,400 grams at brain maturity at about age 17. This increase has been found to consist of two components. The first component is one that is proportional to the increase in body size. The second component appears in a set of five discrete periods of extra growth, approximately in the age intervals of 3 to 10 months; 2 to 4 years; 6 to 8 years; 10 to 12 years; and 14 to 16 years. These brain growth spurts appear in normal children from quite a number of countries.

The significance of the spurts is likely to reside in some of the special functions of the brain because it would otherwise make no sense to have such a set of spurts. This conjecture turns out to be correct because, if we look at the development of mind (as distinguished from brain), correlated spurts can be found in mental age and a number of intelligence-associated tests such as tests of memory, vocabulary, or language utilization.

There is also evidence that these brain growth spurts correlate in age with learning capacity. Data have established a peak around age 11 and a very low (near zero) value for "gf" (the fluid intelligence factor) around age 13 to 13.5 years. In addition, as can be seen from examining the ages of the growth spurts, the spurts appear at the turning points of the classical main stages of Piaget's set of intelligence development periods. These brain growth periods may turn out to be the biological basis of the Piaget stages.

How can we use this knowledge of the existence of correlated spurts in brain and mental functioning? Naturally, any such use is on the level of working hypothesis, for inferences are not of the nature of mathematical inevitabilities. The periods of very slow growth, lying between

the spurts were studied because it seemed plausible that such periods might represent periods during which it would be hard for the individuals to develop the new thinking competencies required for new cognitive development.<sup>3,4</sup>

The first such period studied lies between about ages four and six years. This is approximately the period of standard Head Start programs. If there is a direct connection between spurts and the capacity to develop intellectually, we are led to the hypothesis that these standard

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*"While puberty is inevitable, there is a great variance in the time at which individuals experience this phase. School programs have not traditionally been responsive to the needs of individuals during their emerging adolescence period."*

---

Head Start programs should be much less successful than similar programs situated during the age two- to four-years spurt period or during the age six- to eight-years period. Hunt<sup>4</sup> has recently summarized the first decade of experience with early childhood intervention programs. He presents support for this prediction in that six programs that cover the age two- to four-years period all seem to be much more successful than the standard program.

This kind of correct prediction encourages examination of the other slow brain growth periods. The more striking one is the age 12- to 14-year period, corresponding roughly with grades seven and eight. The prediction here would be that it is relatively more difficult to initiate novel intellectual processes in the middle grades years than in periods both preceding and following this period. Another aspect of this prediction is that it

<sup>2</sup> Herman T. Epstein. "A Neuroscience Framework for Restructuring Middle School Curricula." *Transcendence: The Journal of Emerging Adolescent Education* 5: 6-11; 1977.

<sup>3</sup> Herman T. Epstein. "A Biologically-Based Framework for Intervention Projects." *Mental Retardation* 15: 26-27; 1976.

<sup>4</sup> J. McVicker Hunt. "Reflections on a Decade of Early Education." *Journal of Abnormal Psychology* 3: 275-336; 1975.

should be characterized far more by maturation in already initiated and learned cognitive skills than in the acquisition of new skills. Thus, achievement levels could well outstrip the other aspects of school performance during these years. Emphasis on affective and psychomotor aspects of learning might well receive increased attention and opportunity during this slow brain growth period.

Based upon such hypothesis-formulation, the first thing to do is to examine the performance of middle grades learners to see if it is, in any sense, correct to characterize these youngsters as being relatively refractory to the acquisition of novel intellectual skills. If so, a recommendation would be to alter curricula for the middle grades to avoid such introduction of new cognitive skills and to include a much larger component of experience and practice of skills already acquired in the cognitive area. This component could be interfaced with experiences related to the affective growth in activities stressing the development of social and emotional skills related to identity stabilization and self-concept clarification.

This period of slow brain growth between 12 and 14 is followed, between ages 14 and 16, by the last period of great brain growth that the human will experience. This latter period coincides with the early years of senior high school for most youngsters. It is important to note that this final brain growth period is not presently accompanied by dramatic cognitive growth by the large number of youngsters who, between the ages of 14 and 16, set the stage for subsequent dropping out of school. This reflects their low cognitive skill advancement during these years. In light of this disparity, let us consider the following.

With virtually no increase of brain size and mass in the large majority of 12- to 14-year-olds, there is no growth in the capacity of the brain to handle more complex thinking processes usually introduced in grades seven and eight. This continued demand for the youngster's brain to handle increasingly complex input, which he or she cannot comprehend during this period, may result in rejection of these inputs and the possible development of negative neural networks to dissipate the energy of the inputs. Thus, it is possible that even when the subsequent growth of the brain

between ages 14 and 16 could support the development of more complex cognitive skills, the untold numbers of individuals who have developed such negative networks have been so "turned off" that they literally can no longer develop novel cognitive skills.

Testing this supposition is a critical challenge to the middle grades. It is important, therefore, that middle schools identify the cognitive skill level of individual learners during this period and the onset of the stage in which individuals cannot develop new cognitive skills in the 12 to 14 age period. Upon this identification, it will be necessary to teach new cognitive information at that student's existing skill level rather than to try forcing him or her to acquire new skills that his or her hiatus in brain growth will not support. The implication for testing to identify these individual learner plateaus is crucial and will necessitate a personalized approach to instruction that develops small groups of learners within common plateau perimeters.

It also will be necessary for schools to develop instructional materials that depart from most commercially published programs that invariably introduce new cognitive information through advancing levels of cognitive skills. If this supposition is validated through testing, education in the middle grades must develop a readiness in most students for later development of new cognitive skills during the brain growth period between ages 14 and 16. Thus, middle grades programs must: (a) discontinue the mass introduction of novel cognitive skills to middle grades students who do not have such readiness; (b) present new cognitive information at the existing skill level of students; and, (c) work to mature existing cognitive skills of middle grades learners.

The holistic education of the emerging adolescent will also require a greater emphasis upon learning experiences based as closely as possible upon youngsters' interest centers during this plateau period. The development of positive self-concept during this period will require the definition and exploration of student interests through valuing experiences if the learner is to know who he or she really is as well as whom he or she would like to become. To accomplish this, the middle grades program must be restructured to

include a large component of experience and practice of skills within opportunities for interaction with nature, society, and people. This will require transposing a substantial portion of the middle school educational experience outside the walls of the school. The basis of such efforts can be the development of units of work through community service projects in which students learn through working with the elderly in nursing homes, with children in day care centers, and in community and natural resources reclamation projects. Cognitive information can be taught in relation to these activities and supplement the youngster's total growth in ethical responsibility to society and individuals. Contemporary society continually reveals the need for youngsters to develop these citizenship capabilities and an empathy for the needs for human dignity in our society.

The teaching of cognitive information should emphasize skills already learned in terms of the following: Mathematics would stress application to human problems and daily needs for mathematical skills. History would provide the facts needed for creative human existence and solving of societal problems. Other cognitive areas would provide a background of functional information and experience. This would serve as the base upon which the next intelligence stage could be developed in the period of brain growth between ages 14 and 16.

The development of such programs in the middle school is totally consistent with the present objectives of the middle school and the researched educational needs of emerging adolescents. These biological data provide a validated neuroscience framework in which educators can have confidence. The challenge we face now is finding the courage to examine local programs in light of these data. This can help educators identify means by which we can judiciously move away from the traditional approaches to cognitive learning during the middle grades that do little other than to frustrate cognitive and total growth of learners both in their middle school and ensuing high school experiences.

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Herman T. Epstein (left) is Professor of Biophysics, Department of Biology, Brandeis University, Waltham, Massachusetts; and Conrad F. Toepfer, Jr., is Associate Professor and Director of the Center for Curriculum Planning, State University of New York at Buffalo.



# ACTION

Region VIII  
Room 201  
1845 Sherman Street  
Denver, Colorado 80203  
303/837-2671

COLORADO  
MONTANA  
NORTH DAKOTA  
SOUTH DAKOTA  
UTAH  
WYOMING

## The Federal Agency For Volunteer Service

December 18, 1981

Beverly Kinard  
Colorado Federation of Parents  
P.O. Box 466  
Arvada, Colorado 80002

Dear Beverly:

Please allow this letter to serve as formal notice of ACTION's intention to target Colorado for special assistance in the quest to free our young people from the grasp of drug abuse. I have been hired by ACTION to develop this new program in Colorado under the auspices of the national ACTION office and the White House. As you are aware, Mrs. Reagan has chosen the prevention of drug abuse as her major project while First Lady.

I can foresee many ways in which we can work together. As you know, ACTION is the federal agency for volunteerism and I believe we will be able to tap into the great resource of volunteers already working with ACTION and get them involved in this movement. Together, we can develop conferences, plan seminars and network the state with additional parents organizations. ACTION will offer training to parents who wish to learn about fundraising, media work and legislative action. Since this program is still in the very early stages, I hope to hear from you often with suggestions about how we can develop this program into the most successful in the country.

The only area in which ACTION will not be of great help, I am afraid, is funding. The Reagan Administration has made it clear that there are limits to the amount of financial support various programs across the country can expect from the federal government, that the role of funding must return to private sources. ACTION will do all it can within the realm of the law to help you with the task of fundraising from private sources and we will be able to assist you with materials from time-to-time; however, ACTION is not in the position to provide direct funding for you or any other parent organization.

I look forward to a long and positive working relationship with you.

Very best regards,

Brian R. Vogt  
Colorado Director  
ACTION Program for the Prevention  
of Drug Abuse

FROM COLORADO STATE HEALTH

(COMPARE WITH ACTION LETTER)

Fred Garcia, SPC, has been actively involved in developing a mass media plan for Health Promotion on a statewide basis. This includes forming a network of communities, providing T/A to those communities, and sharing radio and television spots. In this effort Fred has been selected to head up a Task Force aimed at reaching those populations in Colorado that have been hard to reach in the past — ethnics of color.

The Alcohol and Drug Abuse Division in Colorado has taken an active role in developing and coordinating NADA's Parents Movement across the state. A Parents Council is being formed this

- Plan a series of regional workshops on what parents can do regarding the skyrocketing use of drugs; and

- Screen the state's holdings of both prevention and treatment publications and pamphlets for possible distribution across the state to augment the Parents workshop.

The SPC has worked closely, this reporting period, with three Health Systems Agencies to coordinate state and HSA prevention planning.

Colorado's Channel One initiative is now in full swing. Five communities have been funded, pending HSA approval.

Over 300 Coloradans were present in Colorado Springs recently to hear Dr. STEVEN GLENN speak on the Parents Movement. Dr. Glenn will return to Colorado the last week in October for another presentation, this time in Jefferson County to address the topic, "Parents Using the Mass Media."

Colorado continues their tradition of providing cogent training and/or technical assistance to service providers and the community. During this reporting period, the following T/A activities were conducted:

- "Why Prevention," September 8, 1980, in Brighton, Colorado.
- Conference on Health Promotion, October 1, 1980, in Denver.
- "Parents and Drugs," October 8, 1980 in Colorado Springs with Dr. STEVEN GLENN.
- "Prevention Planning," October 9, 1980, in Loveland, Colorado.

Fred's information needs are directly related to the state's Parents Initiative. Fred needs some help real quick on working with parents — how to manage misdirected energy.

Future plans for the SPC during the next reporting period include: continuing his previous efforts; and serving as Keynote Speaker at Colorado's Mental Health Prevention Meeting. Fred will speak on Colorado's Adolescent Health Task Force.

For responses or information, contact:

Fred Garcia, SPC  
(303) 320-6137





# SALUTE TO YOUTH

FOR BEING DRUG FREE!!!!

EVENING  
OF .....

## FUN

....LIVE BANDS!

OUT OF STATE CELEBRITIES!

LOTS OF EXCITEMENT!

OUR WAY OF SAYING....."THANK YOU".....FOR BEING

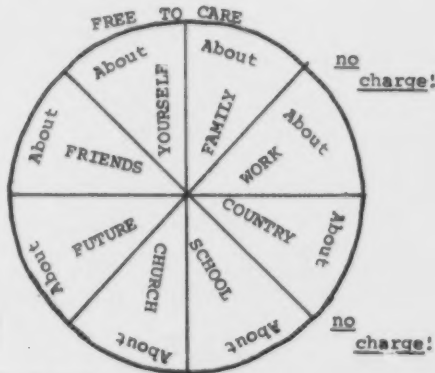
**WHEN:** Thursday, February 18, 1982

**TIME:** 7:00 P.M.

**WHO:** 5th thru 12th grade  
(parents, teachers, counselors  
youth pastors, etc. who wish  
to show support)

**WHERE:** Riverside Baptist Church  
West 23rd & Alcott at I-25  
(our thanks to this church  
for loaning us their building)

**DRUG FREE MEANS:** No Tobacco of any kind  
No Alcohol  
No Other Drugs



Free literature for future  
Drug-Free Activities

THANK YOU IN ADVANCE for caring for this lovely building and conducting  
yourselves as "LEADERS OF TOMORROW"

**SPONSORED BY:** COLORADO FEDERATION OF PARENTS, INC.  
P. O. Box 466, Arvada, Colorado 80001  
422-4289 421-1266

For information: Kinard 422-4289  
Askew 421-1266

YOUTH RALLY INFORMATION FOR ATTACHED BROCHURE

TEACHERS      PARENTS      COUNSELORS      YOUTH PASTORS      LAW ENFORCEMENT

COLORADO FEDERATION OF PARENTS, INC. has been doing drug awareness and parenting programs for quite some time. We have encouraged all facets of the community to get involved to assist with our most vital resource--OUR LEADERS OF TOMORROW.

HOWEVER, the real decisions have to be made by young people themselves and we feel it is time to recognize those who are drug-free and provide them support and encouragement for them to stay that way. The attached flyer is our first step in recognition of their efforts.

OBJECTIVE OF YOUTH SALUTE IS: Praise the youth for job well done and provide them entertainment; (?) provide them with information packets and ideas that will encourage them to start drug-free youth groups at school or in their community so they can plan drug-free activities weekly. We will offer choices of different types of groups--even those that give suggestions on LISTEN AMERICA clubs where they can qualify for national pageants, scholarships and free cars. THEY DON'T HAVE TO BE AN "A" STUDENT.

Sometimes adults are so busy planning for the youth, they forget that a young person must be able to plan, take responsibility for success or failure and learn from the experience--DECISION MAKING SKILLS. This can be an exciting way for the young people to build self-esteem.

At the end of the evening, we will ask all youth to sign a pledge for 1987 "I pledge not to use tobacco in any form, drink any alcoholic beverage, use drugs or substances of any kind for the purpose of getting high." This pledge will be their choice and we hope to have buttons for them to wear showing their pledge.

WE HOPE YOU WILL WORK WITHIN YOUR SCHOOL OR CHURCH TO URGE AS MANY YOUNG PEOPLE TO ATTEND AS POSSIBLE. If your group doesn't have a parent support group, we will be happy to help them start one so they can be at the drug-free activities to supervise from the woodwork--if needed.

THIS WEEK WILL BE PROCLAIMED "FREE TO CARE" week and we urge you to have essay assignments, poster projects, etc. to build up to Thursday night.

We have room for 3,600 people that night and this will be the largest effort of this kind in the U.S. We have invited Good Morning America but don't know if they will respond. We do expect some local TV and media coverage. Have young people make signs with the name of their school on them--we want everyone to see where everyone is from.

We need young people to volunteer and be released from school that day (total of 50-75) so they can practice with celebrities--songs and dances. The celebrities have agreed to spotlight some local talent that night.



# ROCKY MOUNTAIN DISTRICT OF KIWANIS INTERNATIONAL

**Governor**  
Howard L. Bauder, Casper Club  
2260 W. 42nd Street  
Casper, Wyoming 82401  
Bus. 307-237-9509; Res. 265-6990

**Secretary-Treasurer**  
Norm A. Lutsch, South Denver Club  
Rocky Mountain District Office  
6073 West 44th Avenue, Suite 102  
Wheat Ridge, Colorado 80033  
Office 303-422-7852; Bus. 778-0305

**Immediate Past Governor**  
Joseph F. DeSart, Lakeside Club  
11325 W. 25th Place  
Lafayette, Colorado 80215  
Bus. 303-340-8020; Res. 237-7335

## 17 GOVERNORS 1981-82

**Division 1**  
Dr. John E. Williams  
804 S. Wolcott  
Casper, WY 82401  
Bus. 307-237-9509; Res. 265-6990

**Division 2**  
Dr. Mitchell N. Burgess  
335 Lincoln  
Longmont, CO 80501  
Bus. 303-776-3080; Res. 776-0092

**Division 3**  
Dr. Lawrence W. Roessing  
2045 Franklin  
Denver, CO 80205  
Bus. 303-851-0388; Res. 322-0372

**Division 4**  
Daniel B. Hughes  
2226 Wood Avenue  
Colorado Springs, CO 80909  
Bus. 303-473-4010 x. 3555  
Res. 596-4446

**Division 5**  
Robert R. Foote  
401 Edison Ave.  
Alamosa, CO 81101  
Bus. 303-589-6653; Res. 588-2657

**Division 6**  
Nicholas J. Marick  
1013 East 38th Street  
Scottsbluff, NE 68961  
Bus. 308-632-7146 x. 201  
Res. 632-3843

**Division 7**  
John W. Graves  
7498 Random Hairs Lane  
Grand Junction, CO 81501  
Bus. 303-242-1900; Res. 243-0578

**Division 8**  
Clay R. Erickson  
Box 1458  
Steamboat Springs, CO 80477  
Bus. 303-879-0550; Res. 879-4419

**Division 9**  
John M. LePenske  
1871 S. Youngfield Ct.  
Lakewood, CO 80228  
Bus. 303-977-1019; Res. 986-0188

**Division 10**  
Roger H. Walker  
P. O. Box 8206  
Alpine, WY 83126  
Bus. 307-733-2141; Res. 654-2855

**Division 11**  
Leonard R. Jones  
1628 Bradley Drive  
Boulder, CO 80501  
Bus. 303-426-7246; Res. 439-4030

**Division 12**  
Paul J. Cordova, Jr.  
202 East Sixth Street  
Trinidad, CO 81082  
Bus. 303-846-4224; Res. 846-7721

**Division 13**  
Francis B. Ahern  
P. O. Box 293  
Wheatland, WY 82201  
Bus. 307-322-9121; Res. 322-9004

**Division 14**  
Howard L. Kroske  
14920 Echo Drive  
Golden, CO 80201  
Bus. 303-624-6380; Res. 279-7114

## Governor Elect

Dr. Jackson L. Hammett  
630 Pine Crest Drive  
Chadron, Nebraska 68637  
Bus. 308-432-6319; Res. 432-9411

## Administrative Secretary

Patricia A. Rust  
Rocky Mountain District Office  
6073 West 44th Avenue, Suite 102  
Wheat Ridge, Colorado 80033  
Office 303-422-7852

## PLEASE TAKE THE TIME TO READ THIS!

I would first like to congratulate you on your election as President and I know you and your club will be better for the commitment you are making.

If your club was represented at Casper, you heard about Bev. Kinard, Pres. of Colo. Federation of Parents, Inc. Since Casper, Nev., the Natl. Federation and the Colo. Federation have received national attention. Bev has been on several local TV and radio stations, in both the News and Post, on Good Morning America and on November 9th met with Nancy Reagan and other national leaders at the White House.

Please read the copy of the attached Congressional Record. It says it so much more eloquently than I could--the "Parent Movement" may not only be the best hope--it may be the only hope to protect our most valuable asset--the existing and succeeding generations of our children.

What can you and your club do? The major emphasis for 1981-82 is Primary Health. What could be more "primary" than the health of our children. I am hoping your club can make an immediate contribution to Colorado Federation of Parents, Inc. The serious money for the future will come from foundations later next year but the Federation is in desperate need of temporary funds--NOW, funds for hand-out material, travel, postage, etc. (There are no salaried members in CFP.) Then, I hope you can schedule Bev or someone from the Federation to be a program for you. You should have your police department and school administrators at that meeting. Then, hopefully, from that meeting you will develop a nucleus to form a parent group in your local community. Finally, your community will need your continued support of your local parent group until it is totally self-sufficient. This entire set of suggestions fits perfectly within our current major emphasis program, our major emphasis of a few years ago, "Operation Drug Alert", and will provide your club an ongoing service project supporting the parent group you caused to be formed.

There cannot be a more serious problem facing our country. The problem must be solved--if not NOW-WHEN? If not you and your club, then WHO?

Please present this letter to your club, then to your board. Then send me your club's check and let me know when you would like the Federation to be your program to kick off the parent's group which you will be able to nurture.

Taking Time To Care,

J. F. (Joe) DeSart  
Immediate Past Governor  
Rocky Mtn. Dist.-Kiwanis International



Enc. 1

OFFICE OF THE CLERK  
525 HEND STREET  
WASHINGTON, D.C. 20515  
(202) 512-2200

OFFICE OF THE CLERK  
525 HEND STREET  
WASHINGTON, D.C. 20515  
(202) 512-2200

Congress of the United States  
House of Representatives

Washington, D.C. 20515

December 31, 1981

Phillis E. Rotterman  
7911 Knox Ct.  
Westminster, CO 80030

Dear Ms. Rotterman:

Thanks for your card on H.R. 4498.

I see nothing wrong with making marijuana available  
for medical purposes. If it helps alleviate the  
intense pain victims of cancer and glaucoma have, then  
I'm all for it.

Sincerely,

Patricia Schroeder  
Congresswoman

PS for

MARIJUANA  
does NOT Alleviate  
PAIN



## State of Colorado

EXECUTIVE CHAMBERS  
136 State Capitol  
Denver  
80203

RICHARD D. LAMM  
Governor

### EXECUTIVE ORDER PROCLAMATION

WHEREAS, there exists a major alcohol and drug abuse problem among the youth of Colorado, our most valuable resource and the leaders of tomorrow; and

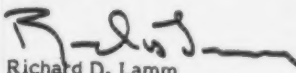
WHEREAS, parents throughout Colorado are organized and actively working to combat this tragic situation; and

WHEREAS, the Alcohol and Drug Abuse Division of the Colorado Department of Health has instituted a joint effort with the Colorado Parent Advisory Council to promote drug awareness programs around the State; and

WHEREAS, the parents need all possible cooperation and support in their efforts to address this issue through programs where youth gather for recreation or employment and, especially, through programs in the schools;

NOW, THEREFORE, I, Richard D. Lamm, Governor of the State of Colorado, on behalf of the parents of Colorado, do strongly encourage all facets of the community to support the parents endeavors and to become personally involved in the effort to combat drug and alcohol abuse among Colorado youth.

GIVEN under my hand and the  
Executive Seal of the State of  
Colorado, this first day of April,  
A.D., 1981.

  
Richard D. Lamm  
Governor





ADDITIONAL TESTIMONY OF

BEVERLY J. KINARD

before the

Subcommittee on Alcoholism and  
Drug Abuse

February 24, 1982

Mr. Chairman, you have allowed an additional two weeks to receive testimony regarding alcohol and drug abuse prevention and I wish at this time to clarify something in my previous testimony.

PYRAMID has been instrumental in assisting the parent movement by providing financial aid for travel and per diem dollars for national speakers to assist with educational programs.

PYRAMID has also provided our organization travel dollars to go into new areas to start parent groups and provide seminars.

NO OTHER ORGANIZATION has provided support of this nature and PYRAMID has been one of the finest tools that we have to work with fighting the drug scene. Their attitude is outstanding and very supportive. TOM ADAMS is one of the most cooperative individuals we have ever worked with.

I have been informed that ACTION intends to provide them with a small amount of money; however, it is nowhere close to what is needed. They have been told to shut down as of December 31, 1982. If this happens, it will be one of the most devastating things that could happen to drug prevention and to the parent movement. We must have PYRAMID functioning at all times and this should be paid for by government dollars. Their present budget must be met.

It is one thing for volunteers to do a great deal of work; however, it is quite another thing when you take a major tool away from our efforts. I urge you to consider working out something to protect us from this loss.

Mr. Chairman, I thank you for the opportunity to provide this additional testimony.

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 COLORADO FEDERATION OF PARENTS, INC.
 

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P.O. Box 466 ▽ Arvada, Colorado 80001

422-4289 • 421-1261

March 24, 1982

Senate Committee on Labor  
and Human Resources  
4230 Dirksen Building  
Washington, D. C. 20510

In response to your request for additional information, I offer the following:

1. Where can parents turn to seek authoritative and scientific information?

Answer: In Colorado, they turn to the local parent group or to Colorado Federation of Parents, Inc., 6779 W. 44th Avenue, Wheatridge, Colorado 80033, Phone (303) 422-4289. Colorado Federation of Parents, Inc. also is an office that has, on consignment, books from Dr. Nahas, American Council of Marijuana, starter kits from National Federation of Parents plus any other publications we feel are accurate and up-to-date.

Colorado Federation of Parents, Inc. contacts PRIDE in Atlanta, American Council of Marijuana or National Federation of Parents whenever we need to track down information or verify information. PYRAMID in California (Tom Adams) has also been a source of information for us regarding speakers, etc.

- (a) Which publications have you found most beneficial?

Answer: PARENTS, PEERS and POT, Drug Abuse in the Modern World, Marijuana, Time For A Closer Look, Keep Off the Grass, Marijuana Today, Readers Digest Articles by Peggy Mann, Soozie Coloring Book, An Introduction to Misused Drugs by National Child Safety Council, Marijuana and the Lungs, Marijuana and the Brain, Cocaine Today, Marijuana Controversy, Urine Testing for Marijuana Use, Treating the Marijuana Dependent Person, Narcotics Education, Inc. (all alcohol and other drug brochures), Listen America Club brochures and films, Cocaine the Great Addictor by B. B. Nahas, Choices, an alcohol brochure by B. Kinard, NFP literature and PRIDE materials, films, slide presentations, Prevention Tools by B. Kinard, Teacher-In-Service Films and Parent Awareness Films by B. Kinard.

March 24, 1982

1. (a) What Parents Need to Know About Marijuana by Cooley Dickson Medical Auxiliary.
2. How can the federal, state and local governments and the private sector best assist the parents' groups in their efforts to deal with alcohol and drug abuse?

Answer: Travel expense is tremendous for those of us doing all of the speaking engagements; we need government rates, please.

We need to be our own clearing houses for government information also so if ACTION steps out of the picture, as planned, we can get large supplies direct without a middle man and without extensive delays. I need supplies of thousands, not ten or one hundred at a time. When I average 20 or 25 programs a month, I must have literature.

We need guidelines at all levels of government so people do not get federal, state or local dollars to teach "responsible use" and continue to use pro-drug material. Set limits on grant money. Stop treatment people from getting prevention dollars. Some have several corporations.

Make Channel I material available to us without our state health agencies as a middle man for administrating.

Allow PYRAMID to continue helping us as they have or we will not be able to handle the expense of national speakers or our covering our state in difficult locations that we must fly into during winter.

Mandate in-servicing of all those dealing with children so they will become motivated to assist parent movements with speaking engagements and parenting programs, etc. We are willing to help with dollars if government will make it credible so they will come.

Underground newspapers and informants have advised major drug and criminal activities to be located in small out-of-the-way places. It is essential that government encourage the formation of state-wide drug units and support law enforcement financially. Small communities do not have the dollars or the manpower to fight this situation. We need more federal dollars to assist state-wide drug units to assist with small towns.

We need legislation to protect teachers from being sued if they report a suspected drug case involving student or other teacher.

March 24, 1982

If you cannot provide us with airfare and hotel expenses when we come to testify, please arrange for us to travel at government rates. Since we pay our own way, please be kind enough to allow us adequate time for testimony and feedback.

When federal grant money is given state agencies, require that certain amounts be used for fighting drugs. (Money used by law enforcement)

When giving grant money to state departments of education or mental health, require that drug education material be material approved by the parents movement or ACTION if they are working in that state with parents. Also require employees of that agency to verify if they have been updated themselves. DO NOT GIVE GRANT MONEY OF ANY KIND TO AGENCIES THAT USE STASH PRESS OR DO IT NOW MATERIAL OR AGENCIES THAT BELIEVE IN "RESPONSIBLE USE" by children.

A great many of our elementary school parents are the pot smokers of the 60s. After educating children in the classroom, I am able to just look at the children and see who has pot smoking parents. The children are damaged from "side-streaming" the smoke from their parents. We need special literature for those parents showing the harmful effects to their children and that we can file on them for child abuse and neglect. THIS IS URGENT!! We can use this same literature as hand-outs at pre-schools and head start programs.

A bulletin should be issued from the federal government to all state agencies and educators at all levels naming those authors of text books on drugs who are or have been on the advisory board to NORML or are connected to the pro-drug lobby in some way. An up-dated resource list should be available for all.

We are holding a curriculum conference for school districts so they can learn what types of drug education is available in two week segments, quarter courses or semester courses and what is good for K-12. All states should be encouraged to provide this informative setting but materials should be screened ahead of time for pro-drug material and secular humanism (defined by the Supreme Court as a religion). You will find secular humanism in a great many of the decision making skill courses and these should be checked so people will not be attacked. Secular humanism, the religion, does not believe in right or wrong and undermines parental authority.

Parent groups always need money for printing and speakers. Parent groups that network the state need large amounts of money for travel and supplies. We should be able to give each school district one set of new books for their district until new ones come in that they order. Up-dating libraries is expensive and we have to give a lot of free books in order to motivate people to up-date libraries. Maybe if you give any grant money to libraries, you could require them to provide up-dated drug literature.



March 24, 1982

Federal and state governments should up-date juvenile code so children can receive consequences. Laws protect children so much that parents can't enforce any kind of structure and limits because if the child breaks the law--it is lecture and release. Let's work with citizens in the parent movement to look at realistic consequences that might work with young people and let's look at consequences for parents who purchase drugs and alcohol for young persons to party. Most of that partying is done on private property where law enforcement can't go, but we have 2000 to 4000 kids gather each weekend to party in vacant fields. Law enforcement must have more dollars from all levels if they are to have manpower to combat these situations. These large groups are common all over Colorado--sex, drugs and rock and roll.

We need legislation against movies, songs and television that promote drugs. Last week a radio station was glamorizing marijuana and trying to raise money for the pro-drug group NORML. Why is this permitted under FCC? Let's have federal government take a stand with media. The average age for movie goers is between 25 and 35, but our teens are seeing PG movies designed for that age group. The federal government might want to make small business loans available at a fantastic interest rate so people could open teen centers for drug free activities. You could even encourage communities to open these kinds of centers. Any legislation, of course, would only have to pertain to children. There isn't any way the public is given notice about a "do-drug" message in a film until after they are already viewing it with their child. It is a little late at that time. I would think FCC should have some control over HBO or other television that has pot smoking and cocaine snorting in it. HBO says these programs are only being shown late at night--maybe on the East Coast but not in Denver. Ratings need to be changed and warnings issued about sex and drugs.

We refuse to use government literature that has a federal resource list in the back of it like the "Let's Talk About Drug Abuse" booklet. The reason is that it lists organizations like Center for Multicultural Awareness. If you will refer to my testimony, you will see my concern about groups that use "Do It Now Material". Also, it lists resources of single state agencies who believe in "responsible use". I don't want our people reading decent information that has just been brought up to date by NIDA and then read a resource list that teaches them the opposite. These people are part of the problem not part of the solution.

The government publication "Drug Abuse Prevention For you and your Friends" doesn't have enough marijuana information in it and still leads the young people to believe there are "safe" categories.

For Parents Only booklet is full of inaccurate information and an unacceptable resource list in the back with "This Side Up". Part of the publications have good information and we need this but can't risk exposing people to the rest of it.

March 24, 1982

Dr. Pollin wants the parents to come and clean out NIDA material. I am willing to come to Washington and spend what time is needed to do this; however, someone needs to take care of expenses. I will be happy to work with them in a positive, supportive, educational manner with no salary for me. I do think federal government needs to take care of costs up-front and not six to eight weeks later or never. It looks like government needs someone of us to take the time to accomplish this once and for all.

I am enclosing a copy of the plan for developing a community task force. When the group is brought together, we give them the questions to ask in their workshop, based upon information from the community in preliminary meetings. Each questions is allowed so many minutes and a runner brings the answer back to the auditorium so we can put the answers on an over-head. After all questions are answered the people return to the original meeting room and we go over the answers so they can see how they just established their goals.

If a community isn't ready for the above stage, we go in and do a program at a local school. I talk about how we got into the mess that we are in and what happened between now and the late sixties. I up-date them about the difference in the marijuana and then bring in the "do-drug" messages that our children see. I then show them drug paraphernalia, do-drug books and games and then provide medical facts about what happens to our children when they use drugs. I then share my personal story about what happened to our son as a result of drugs and how it affected our family. I also share in depth what drug rehabilitation is like. I then provide positive information regarding "parenting skills" and things families can do immediately to help. I then ask them to sign up to start a parent group in their community and promise them support and follow-up with a newsletter. I provide complete drug literature and parenting information so they can take it home with them to work with their children.

I also start some groups out of churches or service organizations. Kiwanis invites me into most towns and that way I am credible at once.

In working with ACTION here in Colorado, you must remember that Brian Vogt doesn't have his program going yet and his materials have not arrived from Washington. He has been on board since early December but had to wait for proposal approval for a long time. He can't provide material because Washington doesn't have it yet. He has been a positive support for us with just conversation. I guess the fact that someone connected with government who is enthusiastic and willing is so great for us.

When a local TV station was doing a special called "Epidemic", they called to see if I could get Mrs. Reagan to do a 30 second clip. I said they should call Brian and he could contact ACTION in Washington. I don't know who arranged it, but Mrs. Reagan was on and it was important to all of us.

March 24, 1982

Mrs. Reagan certainly has helped a great deal. It makes talking about drugs far more acceptable. We need her to attend our drug conference ACTION is planning in the fall. A great many people will turn out who normally would not attend. The media would certainly get on the band wagon also at that time.

ACTION has been responsible in motivating the Denver Public School system into doing something. They have been difficult to deal with because of apathy or maybe not knowing what to do. Brian went to visit with their medical officer and convinced him that I was a great person and Naomi Bradford, Brian's boss, and a representative on the school board has now convinced that medical officer and the head of curriculum to attend the Atlanta conference put on by PRIDE. Naomi has also convinced the president of the Jefferson County School Board and the head of health curriculum to attend the same conference. These two school districts are the largest in the state with about 115 to 120 schools each. This was proof that ACTION's plan, working with top officials, is effective. Those people will listen to them but not to parents.

ACTION has set in on legislative hearings so they could understand our concerns. They, of course, did not lobby but at least we felt like they were trying to stay knowledgeable.

ACTION and COLORADO FEDERATION OF PARENTS, INC. are planning their first community program in Castle Rock, Colorado. Brian talked with a district attorney and I had requests from parents so we shared information and will do it jointly. Brian is at a loss right now without materials. I can do the program like I will always do but am anxious for him to be able to try his plan with my cooperation. This first one is scheduled April 29, 1982.

It is important that ACTION have a regular press conference soon so people can understand their plan. Right now an accidental story got into the papers and it looked like ACTION was going to solve all the drug problem and there was no mention of the parent movement. That hurt our organization because we are still trying to raise dollars. Brian is in the midst of forming a steering committee for the state. I believe it will have about nine people on it and a press conference will be forthcoming and hopefully this will clear some issues. I have been asked to serve on that steering committee and hopefully the press will print that ACTION doesn't have all the money in the world to work with and can't give any to us to help us.

We discussed the "Humanism" element with Brian and he educated himself so he could understand our concerns about undermining authority and the family. The point I am trying to make about government is that Brian and ACTION have shown their ability to LISTEN to us and respond.

March 24, 1982

When we are asked to provide 50 copies of testimony for the government hearings, it would be nice if we could ask ACTION or another government agency to pay for the copy or to make the copies for us.

I am very grateful that Sen. Humphrey listened to testimony and does understand. However, if you want to know what government can do-- first it can appear and listen and then take action. I would like the names of the other members of the committee so I can voice my concern that drugs are the number one problem in this country and the number one reason for inflation and only one Senator showed up to hear.

More government hearings should be held so you can hear from we parents who have been through the mill and can tell you about rehabilitation centers that are cults, how insurance doesn't pay the decent centers and we pay out of our pockets, how schools do not respond to the needs of our children and millions of dollars of tax money is being wasted because schools, mental health and state agencies are a breeding ground for destruction of the American family. We do not get the full opportunity to tell what we know and if we do tell, we are labeled radicals. Government funded counselors must be trained in the addiction process.

State hearing should be held to let legislators understand our concerns. Thanks to the parent movement, our State Senate is now going to hold hearings into why our drug fighting unit was disbanded. It was our background working of digging up evidence against the attorney general and providing it to Senators that prompted this hearing.

Hearings are needed regarding the children's code and parents losing their rights and authority. This should be done at federal and state level.

Training seminars are needed to teach area representatives how to do drug education in the classroom. Since curriculum changes won't be made for several years, many grants to state parent leaders should be available for this purpose as well as funding transportation. Drug-free youth conferences should be held in each state, allowing the young people to participate in planning and carrying it through. The parent movement should work closely with the young people in this effort to make sure qualified speakers and materials are available. Prior sector should fund dollars for this type of conference. Prior sector should also be encouraged to purchase films for the community's use. Please refer to my testimony so that you can understand some of our other concerns and efforts. It is the plan of ACTION to host a monthly seminar for community leaders so we can educate them about different topics in the drug scene.

March 24, 1982

After each monthly meeting, those particular community leaders will then discuss what action they can take to assist. I will be the topics chairman to assist ACTION with this effort. Each group of community leaders called in will differ from a regular coalition that exists to work with ACTION to give input. The object is to take issues like "responsible use" and invite in the people who are teaching it and then put on a program so different views are aired and then have the coalition give the steering committee input and the steering committee will draft a resolution to establish the position. This will show all facets of the community what the issues are and the good and bad that can come from them. As a result of the resolution, community leaders should then take action to effect change where needed. I believe part of this could be called reverse peer pressure without labeling--just through education.

With the federal dollars that come into each state for drugs and alcohol, I can only say that they will continue to be spent on certain projects that help only a segment of the state and reach only a few people. Until the day comes that those dollars are concentrated in areas where we impact parents and schools, we will never get the maximum amount of people involved to help the majority of the population. We need to get our priorities in order to what comes first and what comes on down the way. So long as government continues to treat most parents like they don't have an ounce of sense, and experts keep taking our parental authority away from us, the majority of the parents will lean back and let the state health and state department of education people take care of the problem. We, of course, recognize the biggest reason that past prevention methods have not worked is because there was no parent participation or cooperation. Still, we continue to spend money on government meetings that make fun of issues professionals do not understand (please see attachment from Mental Health in Ohio). This is a prime example of government waste by people who really don't care about issues.

We will be happy to keep you updated, if you choose. It is just a little early to report on our work with ACTION at this stage.

I'm sorry for the delay in returning this information to you but my schedule has not allowed time for office work.

If we can be of further assistance in this matter, please do not hesitate to ask.

Sincerely,

COLORADO FEDERATION OF PARENTS, INC.

Beverly J. Kinard, Pres.  
BK/mc



March 8, 1982

The Hon. Gordon Humphrey  
Senate Office Building  
Washington, D.C. 20510

Dear Senator Humphrey,

On October 16th and 17th of 1981 I attended a "Tribes" training class for elementary school teachers held by "Models at Prevention" in Boulder, Colorado.

Our class instructor, Nancy, led us through several exercises from the Tribes manual for later use in the classroom. One exercise topic was on drugs. Nancy drew an imaginary line of the floor. At each end of the line were the extreme responses for the subject. One end was for its' legalization and the opposite end was against its' legalization. The idea was to position oneself in the approximate area where you felt your attitude was in relationship to the subject. The instructor first took her position on the line, which was for legalized drugs. Then the other teachers and I took positions on the line according to our attitudes. Most of the teachers stood with the instructor at the extreme end of the line to legalize drugs. My position was at the opposite end.

Two of the teachers on the pro-drug end of the line became very angry with me because I felt teachers should not take such a stand on this subject in a classroom environment and should not subject their students to take sides either, particularly where peer pressure could play a major role in their decision making process.

We had been told repeatedly that there was never a right or wrong answer to any of these exercises. Yet, it was only after I said that they were entitled to their own personal view that the angry teachers became friendly with me again.

If a child was placed in this position of hostility towards him, he would most likely change his view if for no other reason than to be accepted by his peers. I feel that this exercise would put undue pressure on a child whose values may be opposed to the values of his peers and could actually force him psychologically to re-assess his values and make permanent changes in them. In addition I would think this could have serious effects in his family relationship and hinder parental guidance and authority.

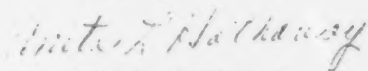
Senator Humphrey, I am not a teacher but I have been working with parents who are concerned and object to the use of Models at Prevention materials used in their schools. I paid for and took the course to find out what it was the parents had objected to. As an adult, I found most of the exercises being used to be psychologically damaging. I believe as taxpayers we deserve and should

get the best basic education available for our children.

I have letters and newspaper articles from parents who would like to see this program discontinued in their schools. They have gone from their teachers to their principals and finally to their school boards without any success. I feel that it's time parents who are paying for their childrens' education should have a say in what subjects and techniques will be used in our public schools. I also strongly believe parents should have the right to access of subject materials and teachers guides being used in the classroom when requested.

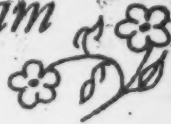
If I can answer any further questions you may have please feel free to contact me.

Sincerely,



Anita L. Hathaway  
13035 E. Bethany Place  
Aurora, Co. 80014

# Fuzzy - Gram



I know the way you were  
willing to question your beliefs &  
accept new information.

from Judith

# FUZZY-GRAM

to \_\_\_\_\_  
I have been so glad to hear of  
your new new information. But when  
you told me that you had heard about  
the new information (just like you said)  
I was so glad to hear of you saying  
that you were so glad to hear of  
the new information. I would

ROM

the

**Ohio Department  
of Mental Health**

James A. Rhodes, Governor  
Timothy B. Moritz, M.D., Director  
Donald E. Widmann, M.D., Commissioner



Office of Education and Training  
Jeannette S. Harrison, Chief

State Office Tower/Room 2491  
30 E. Broad St./Columbus, Ohio 43215  
(614) 466-1323

OK-  
141  
Jen

March 6, 1981

Dear SPC and RPC Colleagues:

Did you know that irate citizens burned 40 copies of the book Values Clarification in the city parking lot in Warsaw, Indiana?

Now that I have your attention, I wish to share some important news that may effect the future of prevention initiatives in your state (for those of you who don't know me, I am the SPC in Ohio who was in the "brain washed secular humanist" skit that the Central Region did in Reston, Virginia on Thursday night).

I am also proud to be a sponsor of the newly formed National Coalition for Democracy in Education. This group affirms the right of humanistic education programs to exist and the importance of such programs in a democratic society (see enclosures).

It is my hope that you will read the enclosed information and become involved in as many ways as you can. If you need further information, feel free to write to Howard Kirschenbaum of the Coordinating Committee or myself.

Sincerely,

*Glenn Wieringa*  
Glenn Wieringa  
State Prevention Coordinator  
Office of Education and Training

GW/jmm

Enclosures

cc: T. Johnson, NIDA  
T. Adams, Pyramid

RECEIVED

MAR 20 1981

DRUG ABUSE PROGRAM

## NATIONAL COALITION FOR DEMOCRACY IN EDUCATION

108 Spring Street  
Saratoga Springs, New York 12866

(518) 584.3427

February 15, 1981

Affiliated Organizations  
Association for Humanistic Education  
Association for Humanistic Education and Development  
The American Personnel and Guidance Association  
Association for Supervision and Curriculum Development  
Connecticut Teacher Council for Humanistic Education  
Educational Training, Inc.  
Institute for Humanistic Education  
Michigan Association for Alternative Education  
North Carolina Humanistic Education Association  
N W Ohio Humanistic Education Group  
Sagamore Institute

Coordinating Committee  
Howard Krichbaum  
Executive Director  
James Beland  
Robert Brown  
Robert Martin  
Lynn Lyle  
Ray Ratts  
E.R. West Robinson III  
Harry Schuler  
John Schroeder, Jr.

Dear Colleague,

Did you know...

--that irate citizens burned 40 copies of the book Values Clarification in the city parking lot in Warsaw, Indiana?

--that bill S1808, now before the U.S. Congress, would deny federal funds to schools using books that advocate equality between men and women?

--that attempts to censor school textbooks and library books--such as Life and Health, The American Heritage Dictionary, To Kill a Mockingbird, Catcher in the Rye, and the Autobiography of Malcolm X--have reached an all-time high in recent years?

--that the John Birch Society, through publications and workers, is actively involved in local controversies over school programs, curricula and textbooks?

--that if you believe students should discuss controversial issues, think for themselves, and exercise some choices in their education, then dozens of groups across the country would call you a "Secular Humanist" and circulate widely literature saying things like: "Humanists do not believe in a Superior Being. They do believe, however, in suicide, abortion, divorce, euthanasia, and complete sexual freedom to commit adultery, fornication, and all types of sex perversions....Humanists have no respect for the family as a unit."

## ARE THESE ISOLATED INSTANCES?

We think not. There is increasing evidence that some of our basic educational and democratic beliefs are rapidly being eroded by a coalition of well-organized, well-financed pressure groups committed to altering public education as we know it and turning the clock back on some of the most promising educational innovations of the past decade.

As you are aware, in the late sixties and the seventies, many new educational approaches were developed to help students learn to:

- communicate effectively
- think critically about advertising, propaganda and controversial issues
- make decisions thoughtfully and skillfully

(over, please)

RECEIVED

MAR 20 1981

## A Partial List of Individual Speakers

Sylvia Gansky Aronson  
Alfred S. Atschuler  
George Bard  
Ed Brita  
Ben A. Buchholz  
Larry Bird  
Lillian A. Camfield  
Jack Canfield  
Gordon Cavell  
Mark Chasen  
Marvin J. Chute  
Arthur Combs  
Ralph Dyer Farrell Lewis  
Tom Ensey  
Howard E. Fager  
Marjorie Ferguson  
Barbara Gayer  
Jerry G. Gager  
Alan Goodman  
Joel Goodman  
Thomas Gordon  
Bernie Herman  
Jack Hassard  
Richard L. Hayes  
Aaron W. Johnson  
Leland W. Howe  
Mary Martha Howe  
Margo Ingram  
Moll Keshenky  
Lawrence Keshenky  
Bar Richard L. Kravitz  
Barnd Larson  
Thomas Lyons  
James Lyle  
Audrey Friedman Marcus  
Elliott Mason  
Lynne Whitman Mayne  
Paul Nash  
Herbert A. Olin  
Carole L. Owens  
James H. Peterson  
Ann Craig Peters  
Brianna Pitzer-Simon  
Priscilla Pizman  
William Weston Purley  
Stan Rachelsky  
Thomas B. Roberts  
Carl B. Rogers  
John Santenness  
Nancy Schenckend  
Ethel Seid  
Robert Silverstone  
Sidney B. Simon  
St. Mary Smith  
Barbara Stanford  
Gene Stanford  
John Steinberg  
Harold Stonehouse  
Allen I. Tager  
Hon. John Vaccarello  
John Vignarone  
Beverly S. Wattenmaker  
Stuart Wernick  
Walt Wernick  
I. David Welch  
Rev. John E. Wenzelhoff  
Gunn Whorring  
Virginia Wilson  
Bob Winkler



## ARE THE NATIONAL COALITION FOR DEMOCRACY IN EDUCATION.

We ask you to join us in this important work. With your help we plan to bring our message to school districts across the United States and Canada. We want to give support to those caring, and sometimes courageous, teachers and educators--in Mississippi, in Pennsylvania, in Minnesota, in Ontario, in Colorado and in every state and province, where programs and people are attacked for trying to do their job of educating students in a democracy. As one counselor from Florida recently wrote,

"My one-and-a-half year struggle...has deeply sensitized me to the need for having support systems that you can depend on. The loneliness and isolation I experienced with my situation, was almost devastating to me...and my family life. If we do not take positive steps now, then I believe that more and more educators/school workers/counselors/etc. will find themselves condemned, pressured, and feeling alone and without support."

### OUR PROGRAM

To begin, the National Coalition for Democracy in Education will develop a series of brief publications, explaining its views on the importance of a broad range of educational goals and on how to set up democratic procedures for school-community relations. With the help of every member of the Coalition these publications will be disseminated on the widest possible scale across the U.S. and Canada. Simultaneously, we will explore the feasibility of further action steps, including but not limited to: a national speakers bureau, a crisis hot line, a research center, a legislative program and a newsletter.

### HOW YOU CAN BECOME INVOLVED

The National Coalition for Democracy in Education is not a typical membership organization. How much the Coalition can accomplish depends on each of us. We ask you to begin your involvement with the Coalition by using the enclosed card and reply envelope to indicate your sponsorship and/or enclose your contribution. Sponsorship means that you support the goals of the Coalition (your name will not be used publicly).

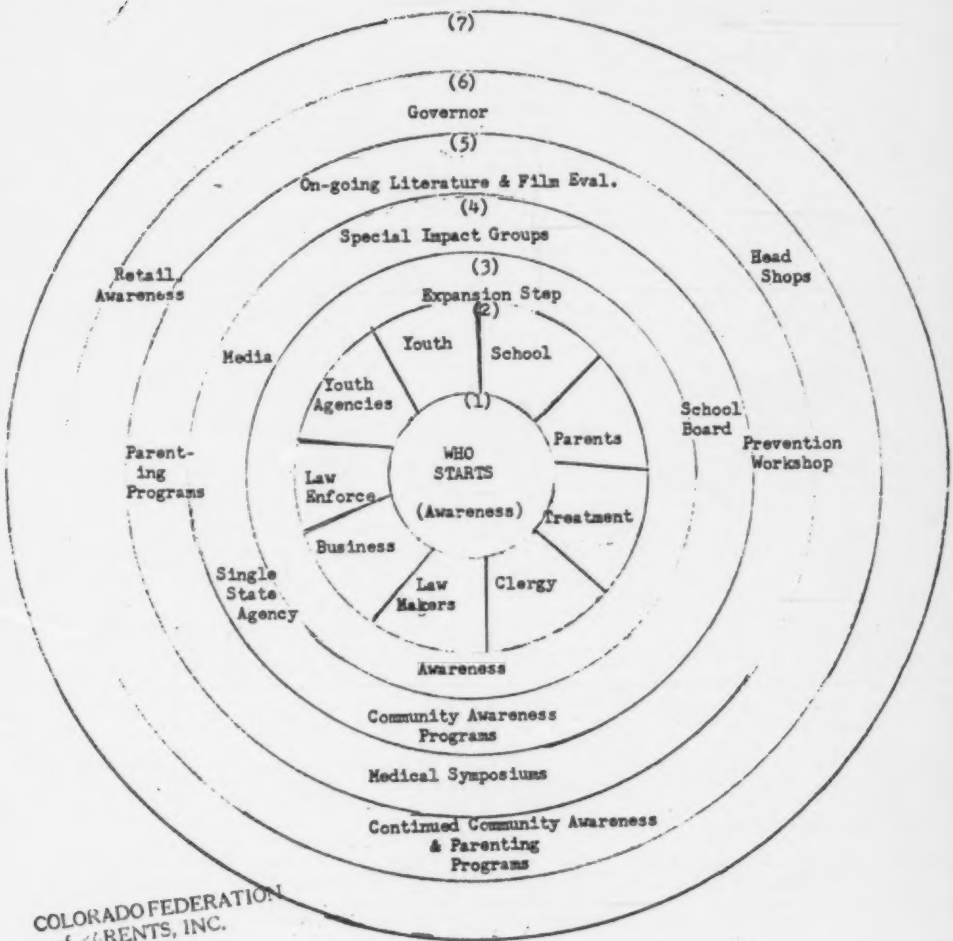
You will then receive a follow-up mailing that will include additional flyers, which you can post or distribute, a sample press release for your organizational newsletter or journal, and a list of alternatives for how you can work with the National Coalition to help achieve its goals.

Time is running out. Each week, sometimes every day, I receive letters and calls from or I visit educators across the country who need our help if our educational and democratic values are to be preserved. On behalf of all those groups and individuals listed on this letterhead, and the many others not listed, I ask you: won't you join the National Coalition for Democracy in Education today--and support it with your sponsorship, your contribution and your continued involvement?

With best wishes,

*Howard Kirschenbaum*

Howard Kirschenbaum, Ed.D.  
Executive Director



COLORADO FEDERATION  
of PARENTS, INC.  
6779 W. 44th Ave.  
Wheat Ridge, CO 80033  
(303) 422-4289

Presented by Beverly J. Kinard  
Colorado Federation of Parents  
Arvada, Colorado 8000

303-422-4289

## (1) Party or Group that causes meeting to occur

Civic Leader  
 Church Group  
 Advisory Board-School  
 PTSA  
 Parent or Parents

## (2) Youth Representatives

Ex-users  
 Non-users (preferably not student council officers)  
 Users (if willing)

## School Representatives

Nursing Rep.  
 Psychologist Rep.  
 Counselor Rep.  
 Teacher Union Rep.  
 Advisory Board Rep.  
 PTSA Rep.  
 School Board  
 Administrators' Rep.

## Parents

Parents of Ex-users  
 Parents of users (if willing)  
 Parents from Elementary, Jr. and Sr. High

## Treatment Representatives

Local Drug Rehabilitation Programs  
 Hospital Rep. from local area  
 Medical Association Rep.

## Clergy

Jail Chaplain  
 Hospital Chaplain  
 Rep. from Clergy Assn.

## Law-Makers

County Commissioners  
 City Council Members  
 State Legislators

## Business Representatives

Chamber of Commerce Rep.  
 Civic Organization Reps.  
 Merchants Assn. Rep. (Local Shopping Center)

## Law Enforcement (Prevention &amp; Investigation)

Sheriff's Dept.  
 Police Dept.  
 District Attorney's Office  
 Judge (Juvenile or DUI)  
 Probation Dept.

## Youth Agencies

Recreation District Rep.  
 Youth Services  
 Mental Health (depending on state you live in--  
     some states "drugs" are not their  
     responsibility)

## Task Force Chart - Clarification

Phase 1 and 2

## Formation Step

When these groups come together it will be because written invitations have been sent to each person attending. We recommend the invitation because the person will feel like he has been selected to provide vital input. It should also require an RSVP so a name tag will be awaiting his arrival.

A short awareness program should be held at this time to motivate people. The awareness program should consist of a few choices of paraphernalia, a teenage ex-user giving testimony and a parent of an ex-user telling what happened in their home as a result of drug use.

When the awareness program has ended, all participants will break into groups to decide what the needs of the community are. You may give them sheets with questions to answer, having a leader assigned ahead of time to keep the group moving on each question. A pre-assigned group secretary will write the answers and return to the chairperson of the whole group so he or she can start putting them on the board.

When the assigned time is up for discussion, the group joins together to see what has been put on the board as results from all people.

(When name tags were made out in advance, small numbers were put in the corner of each tag and that showed each person which group he was to participate in and the numbers were scheduled so that each group had a representative from each category--youth, parent, school, treatment, etc.)

You now have a group of people who have just participated in providing in-put and I feel certain at this point they have established the fact that a community task force would be beneficial to the community as a whole. Now they own the program. It is at this point that a chairperson, co-chairperson, secretary and treasurer should be chosen. The job is too big for just one chairperson without a back-up.

All present participants are then urged to bring in all new people that they feel would like to be actively involved in a community task force.

Set the date for the next meeting and the location. You're in business.

(Some do's and don't items here to assist or at least allow you to evaluate.)

1. Don't become a part of an existing group--stand independent. If you must affiliate with a group, designate ahead of time what the independence date will be in the future. Keep all funds separate and out of the hands of existing groups.
2. Don't become politically involved. Watch politicians or special interest groups who wish to get on the band wagon to help their own cause.
3. Don't label parents of ex-users. They are among your most dedicated workers. Parents of ex-users, be patient with others. They haven't seen what you have seen and they move at a slower pace--don't push too hard!
4. Your leader should be a strong leader who does not owe anyone anything. Hopefully they will be a public relations person who has the ability to confront adverse situations.
5. Keep your eyes on the issue and not on personalities. Make sure the word "glory" never creeps into your organization.

## Task Force Chart - Clarification

Phase 3

## Expansion Step

All previous participants were asked to bring in person, or invite in person, people from the community they think should participate and would be willing to provide input and manpower. This list could include:

Many more students from Jr. and Sr. High (students tend to be looked down upon by adults and need numbers to provide support for each other.

School representatives might include asking volunteers from classified services such as janitors and secretaries or kitchen help or aids.

Many more parents should be invited here, especially parents from elementary school level for prevention work. Many parents of ex-users are needed to provide direction and information because parents of non-users have no experience in the drug scene. They need to balance each other and be of value to each other.

Additional treatment people might include emergency room nurses, fire dept. rescue people, etc.

Clergy could be expanded at this time to include individual leaders who have good programs already in existence.

Law-makers might be expanded to include city attorney.

Business could expand to include movie theater managers, arcade owners, etc.

This would be a good place to invite the local medical association women's auxiliary and representatives from the local Junior League, League of Women Voters, etc.

Your county and state health departments could be invited at this point also.

At the beginning of Phase 3 meeting a short awareness program will be duplicated from Phase 2 so all new people will be motivated. At this point a list of tasks should be displayed on a board to show what needs to be done. Tasks such as:

Community Awareness  
School Board Policy  
Parenting and Prevention  
Clergy Workshop  
Publicity  
Speakers Bureau

Student Involvement  
Legislation  
Literature Evaluation  
Media  
Finance  
Resource & Referral List

Participants will then break into workshops they decide they wish to be involved in and brainstorm on deciding what their tasks are, establish a short range goal and a long range goal. Short range goal should be simple so everyone can experience a success without being overwhelmed with the work to be done in the future. Each group will select a chairperson and that chairperson will sit on the steering committee or Board of Directors if you form a non-profit organization.

The groups will join after a designated period of time for brainstorming and will report to the whole group what their short range goal is. The goals will be listed on the board and the group will decide the priorities.

I recommend that committees work separately once a month and committee heads meet with other steering committee once a month. Be careful not to "meeting people to death". The whole task force should meet every quarter to keep enthusiasm going.



Senator HUMPHREY. It appears you memorized your whole statement. Did you?

Mrs. KINARD. No; I did not.

Senator HUMPHREY. No?

Mrs. KINARD. It is just in my heart.

Senator HUMPHREY. I can see that.

Mr. Kramer?

Mr. KRAMER. I knew it would be a tough act to follow Bev Kinard, and she has proved it absolutely true.

I am Bob Kramer; I am the coordinator of the drug and alcohol program for Anne Arundel County, Md. Mr. Chairman, I want to express my appreciation for this opportunity to speak to you regarding the issue of drug and alcohol abuse prevention.

You have already heard repeated testimony as to the seriousness of the drug and alcohol problem confronting our country today. I believe that nowhere is this problem more alarming than among our Nation's young people. Many teenagers today feel that, by necessity, a normal social life is one that involves drinking and drugs. The very phrase "partying" has come to mean simply getting intoxicated with whatever substance is available for an increasing number of adolescents.

Among our secondary school students, it is the straight kid who often feels himself to be the one who is strange. The child who is different is all too often the one who does not drink, smoke marijuana or pop pills. For an increasing number of young people, getting high is the best way to get by—to cope with social anxieties, depression, pressures, boredom, or just to have a good time.

As a result, an epidemic number of young people are learning to artificially change the way they feel about themselves and their situation rather than learning to deal with themselves and their situation.

When a young person is high, he or she is neither coping nor learning to cope. The result is that for many of our young people, while they may not be technically addicted to alcohol or other drugs, they have not developed the emotional, social or intellectual maturity necessary to become responsible, productive adults.

Simply put, while they have been getting wasted, they have been wasting some of the most formative years of their lives. As a Nation, as individual communities and as parents, we cannot afford to stand by and let this happen to our youth.

For the past 3 years now, I have been the coordinator of a county prevention program which has been a unique example of local government stimulating parental and community awareness and involvement concerning adolescent drug and alcohol abuse.

Our program is run out of the county executive's office and is supported by county funds with the assistance of local contributions. There have been many successful parent group efforts around the country, but the Anne Arundel County program has been the first example, so far as I know, of local government committing itself to adolescent drug and alcohol abuse prevention, and targeting parental involvement as the critical factor in the solution.

The current statewide Texas war on drugs program is an effort to do on a State level what we have been doing on a local or county level.

Our success has been due to a positive, practical orientation designed to help parents and local communities solve their own problems. Rather than spending time pinning the tail on the donkey in terms of who is to blame, we have fostered a cooperative effort focusing on parental involvement and community networking as the key to dealing with this issue.

We have sought through our prevention efforts to bring the issue of adolescent drug and alcohol abuse out of the closet so that it is no longer a problem which can only be met by guilt, shame or denial on the part of parents and the local community.

The Anne Arundel County program is an example of both what a grassroots, largely volunteer effort can accomplish and how government can provide a coordination of resources, leadership and support to attack a social problem that must be solved at the family and local community level.

We do not believe that our county drug and alcohol program will on its own solve neighborhood drug problems or prevent adolescent drug and alcohol abuse. In this case, the local government is providing technical assistance and information for parents and other community residents for what has to be their drug and alcohol prevention efforts, and I think that is a very important point.

The key is prevention. We can never reverse the alarming trends we are seeing in drug and alcohol abuse simply by treating its effects. We must focus on the attitudes of our young people with regard to intoxication. I do not think the issue is just marijuana use or alcohol use or cocaine use, but rather intoxication through the use of mind-altering substances.

I would agree with some of the comments of Mrs. Kinard. I think the statistics on high school seniors, though they are encouraging for high school seniors that are in school, are a little bit misleading, and I hope the public will not conclude that somehow or another we have won the battle and reversed the tide, first of all because of how many of the kids who are really intensely involved actually make it to be seniors in high school and to be filling out a survey, and, second, because I think most anyone today is aware that junior high is where the action is; that peaking does occur at about 9th to 10th grade, and that for many kids, the phase of drug and alcohol involvement—and it is a phase for many—is completed around the time of their senior year. For some, their attitudes are beginning to change by this time.

My concern is, how much time have they lost? How much maturity has really been lost in terms of a lost opportunity during adolescence for even these kids for whom it is only a phase and who are not technically addicted?

Now, in order to reach and inform our youth, we must educate and involve the adults closest to them; in particular, their parents. Many parents, however, have been ignorant about adolescent drug and alcohol use. They have had no idea what to do about the problem, let alone how to prevent it.

The two biggest problems which we confront in educating and involving adults on the issue of kids and drugs are, on the one hand,

an attitude of denial—not my problem, not my kid, not my community, not my school—and, on the other hand, an attitude of hopelessness and helplessness. I believe this is an even tougher one to deal with—the belief that adolescent drug and alcohol use is so pervasive that little can be done about, or little can be done to prevent it; that it is just here to stay and it is too bad. That is just society today, or “I am glad I am not a kid growing up,” and so on and so forth.

The single most encouraging development in the drug and alcohol abuse situation today is the increasing concern and involvement on the part of parents and parent groups in communities across the country. Parents are seeing the effects of drug and alcohol use on their children or children in their community, and they are realizing the pressures on these children to do drugs.

As a result, many parents are getting involved with their kids, together with other parents, in order to make it easier for kids to say “no.” The formation of parent groups around the country is a recognition by parents that it is their responsibility to create a positive social environment, a drug-free environment for their children; that it is not enough to simply say, “do not do this”; that parents have some responsibility to change the sorts of social and community pressures that their children are encountering with regard to drug and alcohol use.

This increased involvement by parents on the issue of their children’s drug and alcohol use is the most effective means of changing the behavior and attitudes of our young people toward intoxication.

Federal and State governments cannot solve a local community’s drug problem. They can throw money at it; they can treat the victims, and that is needed, but they cannot turn the community around in its attitudes. Adolescent drug and alcohol abuse is a community problem which requires a community solution. There must be ownership of the problem and a commitment to possible remedies.

While governments cannot solve the adolescent drug and alcohol problem, they have an important role to play in facilitating and supporting the efforts of parents and local communities.

The approach of government prevention efforts must be to assist and encourage parental and community efforts rather than seeking to take them over or redirect what are usually primarily parental initiatives. Parent self-help groups must be allowed to be just that. Government prevention programs can seek to stimulate additional parental awareness and involvement.

To do this effectively, the underlying attitude of our prevention program as it comes from any level of government is of critical importance. Rather than focusing on telling parents what they did wrong, we need to provide them with the factual information and concrete examples that will enable them to do effective prevention. We need, in other words, a positive, practical, nonblaming approach as we work with parents and local communities.

It has been my experience in Anne Arundel County, and as I have worked in other communities around the country, that parents are very responsive to this and are very hungry. They are looking for someone to tell them not just that the problem is terrible and to tell them not just that they have blown it as parents so

they can have an even bigger guilt trip than they already have, but rather for someone to say, "Here are some positive, practical ideas of what you can do as parents to help your children."

A vital aspect of the Federal Government's substance abuse prevention role is information dissemination. We know that by providing accurate information about the effects of alcohol and other drugs, we can bring about attitudinal change. I think what is crucial is that with this information, we are also taking a stand. We have seen this in our experience with cigarette smoking.

Yet, one of our biggest obstacles in adolescent drug and alcohol abuse prevention has been the lack of knowledge, not only among our young people, but especially on the part of adults who work with young people.

There is a desperate need for accurate, up-to-date information—and I think the testimony you have previously heard demonstrates this—on the current drugs of abuse and the patterns of drug and alcohol use. The publication and distribution of "Parents, Peers and Pot," a manual for parents on adolescent drug use, is a prime example of the Federal Government supplying much-needed information resources for parents and local communities.

The Federal Government needs to increase its commitment to this aspect of prevention through the provision of not only printed materials designed for parents and other adults who work with children, but also through the provision of technical assistance in the form of workshops and seminars designed to get the facts out about kids, drugs and alcohol.

The overwhelming response to "Parents, Peers and Pot" indicates the desire on the part of parents for such information. It is essential, however, that this information be current and reliable so that parents can have confidence in sharing it with their children and other parents.

For many parents, the factual information on drug and alcohol abuse published by the Federal Government has sufficient credibility to alleviate the confusion and ambiguity that they feel themselves on the issue of recreational drug use by children and adolescents, or at least the confusion and ambiguity they sense in terms of what they have heard from the media or friends.

We need to realize that this confusion and ambiguity, which, for many parents, is compounded by what they see happening with their own children, makes it very tough for some parents to speak up with their own children and with other adults.

Ironically, the credibility which information provided by the Federal Government has for parents is in sharp contrast to the suspicion and even disbelief with which many young people view Government pronouncements on this subject of drug and alcohol use. This area of Government prevention materials designed for young people is one which needs a substantial amount of work.

If the prevention materials dispensed by the Federal Government are to be useful for parents, they must share their commitment to the need for drug-free youth. Many parents are unwilling to accept recreational drug use by their children, and our Government publications should not acquiesce in this matter either.

We need to make parents and all adults aware that it is not a normal phase or part of adolescence to get by by getting high and



that it is not true that every kid has to do it or is going to do it; that there are many kids that are able to say "no" and do say "no."

We must also direct our prevention efforts for young people before or at the time of initial exposure and involvement with substance use. With the age of initial involvement increasingly becoming late elementary or junior high school, a prevention program that is aimed only at the high school level is too little too late.

In conclusion, I believe that the role of the Federal Government in substance abuse prevention is to be an information resource for parents and local communities across the country. The Federal Government should not try to do what can best be done by parents and local communities, but neither should it be in the position of frustrating these efforts through outdated, misleading information, or attitudes which fail to emphasize the seriousness of the adolescent drug and alcohol problem today.

NIDA and NIAAA, in my view, need sufficient funds, with the guidelines I have already suggested, to produce prevention materials and provide technical assistance through information seminars for parents and communities. In addition, the Federal Government should seek to coordinate and catalyst the resources of the private sector to add their support to parental and community efforts.

It is going to take a maximum effort by parents and communities across this Nation to reverse the attitudes of our youth toward recreational drug use and to reduce the pressures to get high. These parents need and deserve the support and assistance of their Federal Government as they seek to enable their kids to grow up drug-free. The effort on all our parts is worth the cost; these are our children and they are our future.

Thank you.

[The prepared statement of Mr. Kramer follows:]



Statement by  
Robert G. Kramer  
Coordinator  
Drug and Alcohol Program  
Anne Arundel County, Maryland

before U.S. Senate sub-committee on  
Alcoholism and Drug Abuse: February 24, 1982

I would like to express my appreciation for this opportunity to speak to you regarding the issue of drug and alcohol abuse prevention. This committee has already heard repeated testimony as to the seriousness of the drug and alcohol problem confronting our country today. Nowhere is this problem more alarming than among our nation's young people. Many teenagers today feel that, by necessity a normal social life is one that involves drinking and drugs. The very phrase "partying" has come to mean simply getting intoxicated with whatever substance is available for an increasing number of adolescents. Among our secondary school students, it is the "straight kid" who often feels himself to be the one who is strange. The child who is different is all too often the one who doesn't - doesn't drink, smoke marijuana or pop pills. For an increasing number of young people, getting "high" is the best way to get by - to cope with social anxieties, depression, pressures, boredom or just to have a good time. As a result, an epidemic number of young people are learning to artificially change the way they feel about themselves and their situation rather than learning to deal with themselves and their situation. When a young person is high, he or she is neither coping nor learning to cope. The result is that for many of our young people, while they may not be technically addicted to alcohol or other drugs, they have not developed the emotional, social, or intellectual maturity necessary to become responsible,

productive adults. Simply put, while they have been getting "wasted", they have been wasting some of the most formative years of their lives. As a nation, as individual communities and as parents, we cannot afford to stand by and let this happen to our youth.

For the past three years I have been the coordinator of a county prevention program which has been a unique example of local government stimulating parental and community awareness and involvement concerning adolescent drug and alcohol abuse. There have been many successful parent group efforts around the country, but the Anne Arundel County program has been the first example of the local government committing itself to adolescent alcohol and drug abuse prevention and targeting parental involvement as the critical factor. Our success has been due to a positive, practical orientation designed to help parents and local communities solve their own problems. Rather than try to "pin the tail on the donkey" in terms of who is to blame, we have fostered a cooperative effort focusing on parental involvement and community networking as the key to dealing with this issue. We have sought through our prevention efforts to bring the issue of adolescent drug and alcohol abuse "out of the closet" so that it is no longer a problem which can only be met by guilt, shame or denial on the part of parents and the local community. The Anne Arundel County program is an example of both what a grass roots, largely volunteer effort can accomplish and how government can provide a coordination of resources, leadership, and support to attack a social problem

that must be solved at the family and local community level. We do not believe that our county drug and alcohol program will on its own solve neighborhood problems or prevent adolescent drug and alcohol abuse. In this case the local government is providing technical assistance and information for parents and other community residents for what has to be their drug and alcohol prevention efforts.

The key is prevention. We can never reverse the alarming trends we are seeing in drug and alcohol abuse simply by treating its effects. We must focus on the attitudes of our young people with regard to intoxication. The issue is not just marijuana use, alcohol use or cocaine use but rather intoxication through the use of mind-altering substances. In order to reach and inform our youth we must educate and involve the adults closest to them - in particular, their parents. Many parents, however, have been ignorant about adolescent drug and alcohol use. They have had no idea what to do about the problem, let alone prevent it. The two biggest problems which we confront in educating and involving adults on the issue of kids and drugs are, on the one hand, an attitude of denial (not my problem, not my kid, not my community, not my school) and, on the other hand, an attitude of hopelessness and helplessness, (a belief that adolescent drug and alcohol use is so pervasive that little can be done to prevent it).

The single most encouraging development in the drug and alcohol abuse situation today is the increasing concern and involvement on the part of parents and parent groups in communities across the country. Parents are seeing the effects of drug and

alcohol abuse on their own children or children in their community and they are realizing the pressures on these children to "do drugs". As a result, many parents are getting involved with their kids and together with other parents in order to make it easier for kids to say "no". The formation of parent groups around the country is a recognition by parents that it is their responsibility to create a positive social environment - a drug free environment - for their children. This increased involvement by parents on the issue of their children's drug and alcohol use is the most effective means of changing the behavior and attitudes of our young people towards intoxication. Federal and state governments cannot solve a local community's drug problem. They can throw money at it, they can treat the victims, but they cannot turn the community around. Adolescent drug and alcohol abuse is a community problem which requires a community solution - there must be ownership of the problem and a commitment to possible remedies.

While governments cannot solve the adolescent drug and alcohol problem, they have an important role to play in facilitating and supporting the efforts of parents and local communities. The approach of government prevention efforts must be to assist and encourage parental and community efforts rather than seeking to take over or redirect what are essentially parental initiatives. Parent self-help groups must be allowed to be just that. Government prevention programs can seek to stimulate additional parental awareness and involvement. To do this effectively the underlying attitude of our prevention program is of critical importance.

Rather than focusing on telling parents what they did wrong, we need to provide them with the factual information and concrete examples that will enable them to do effective prevention. We need, in otherwords, a positive, practical, non-blaming approach as we work with parents and local communities.

A vital aspect of the Federal government's substance abuse prevention role is information dissemination. We know that by providing accurate information about the effects of alcohol and other drugs we can bring about attitudinal change. We have seen this in our experience with cigarette smoking yet, one of our biggest obstacles in adolescent drug and alcohol abuse prevention has been the lack of knowledge, not only among our young people, but especially on the part of adults. There is a desperate need for accurate, up-to-date information on the current drugs of abuse and the patterns of drug abuse. The publication and distribution of Parents, Peers and Pot, a manual for parents on adolescent drug abuse, is a prime example of the Federal government supplying much needed information resources for parents and local communities. The Federal government needs to increase its commitment to this aspect of prevention through the provision, not only of printed materials designed for parents and other adults who work with children, but also through the provision of technical assistance in the form of workshops and seminars designed to get the facts out about kids, drugs and alcohol. The overwhelming response to Parents, Peers and Pot indicates the desire on the part of parents for such information. It is essential, however, that this information be current and reliable so that parents can



have confidence in sharing it with their children and other parents. For many parents the factual information on drug and alcohol abuse published by the Federal government has sufficient credibility to alleviate their confusion and ambiguity on the issue of recreational drug use by children and adolescents. Ironically, the credibility which information provided by the Federal government has for parents is in sharp contrast to the suspicion and even disbelief with which many young people view government pronouncements on this subject. This area of government prevention materials designed for young people is one which needs a substantial amount of work.

If the prevention materials dispensed by the Federal government are to be useful for parents, they must share their commitment to the need for drug free youth. Many parents are unwilling to accept recreational drug use by their children and our government publications should not acquiesce in this matter either. We must also direct our prevention efforts for young people before or at the time of initial exposure and involvement with substance use and abuse. With the age of initial involvement being late elementary or junior high school, a prevention program that is aimed at the high school level is too little too late.

In conclusion, I believe that the role of the Federal government in substance abuse prevention is to be an information resource for parents and local communities across the country. The Federal government should not try to do what can best be done by parents and local communities but neither should it frustrate these efforts

through out-dated, misleading information or attitudes which fail to emphasize the seriousness of the adolescent drug and alcohol problem. NIDA and NIAAA need sufficient funds to produce prevention material and provide technical assistance through information seminars for parents and communities. In addition, the Federal government should seek to coordinate and catalyst the resources of the private sector to add their support to parental and community efforts.

It is going to take a maximum effort by parents and communities across this nation to reverse the attitudes of our youth toward recreational drug use and to reduce the pressures to "get high". These parents need and deserve support and assistance from their Federal government as they seek to enable their kids to grow up drug free. The effort on all our parts is worth the cost - these are our children, they are our future.

## Anne Arundel County Drug and Alcohol Program

## Overview

May, 1979 through present      January 12, 1982

LEGISLATIVE ACTIONS

- \* Successfully shut down paraphernalia stores (head shops); first county in the Northeast to accomplish this.
- \* Proposed County Paraphernalia law which has become a national model.
- \* Pushed for a state-wide paraphernalia ban.
- \* Wrote and successfully lobbied for the passage of a look-alike bill in the Maryland General Assembly which has given Maryland one of the toughest such laws in the country.

EDUCATIONAL ADVANCES

- \* For the first time in 12 years, saw a decrease of almost 30% in drug and alcohol violations as a result of a joint effort of school administrators, county police and the Drug and Alcohol Program.
- \* Wrote and distributed over 8,000 copies of Drug Facts: Ready Reference, a manual on adolescent drug and alcohol abuse for school personnel.
- \* Provided in-service training for:
  - county school bus drivers, teachers, administrators
  - church and youth group leaders, coaches, doctors, nurses, businessmen, dentists, pharmacists, as well as other professional groups

COMMUNITY AWARENESS & PARENTAL INVOLVEMENT

- \* Stimulated the formation of community and parent groups specifically designed to combat adolescent drug and alcohol use.
- \* Conducted awareness programs, parenting seminars and family nights in neighborhoods throughout the county.
- \* Established a county-wide newsletter solely devoted to assisting parents in communicating information and

concerns. This publication is received by over 3000 homes in Anne Arundel County.

- \* Developed a parent hotline service for parents with children involved in drugs.
- \* Designed and initiated a new family-focused adolescent drug treatment program for county youth and their parents.
- \* Organized and trained more than 100 volunteers to assist in providing drug awareness and education throughout the county.
- \* Encouraged and assisted parents to take a positive stand through the implementation of a Parents Pledge which provides positive social guidelines for their children.
- \* Catalyzed the development of positive alternative programs in several communities and secured grants to assist in the funding of these programs.

#### SENIOR CITIZEN PROGRAM

- \* Designed a model program for training retired senior citizens to teach their peers about the wise use of medications and the dangers of drugs and alcohol abuse.

#### RECOGNIZED AS A NATIONAL MODEL PROGRAM:

- \* Received National Association of Counties (NACO) award
- \* Presented program to First Lady Nancy Reagan at the White House
- \* Used as a community drug prevention model by the National Institute on Drug Abuse
- \* Reported by local and national news media including NBC National news
- \* Received numerous requests for information and assistance from communities across the nation.

Senator HUMPHREY. Thank you, Mr. Kramer, for an excellent statement.

The message that comes through very clearly from this panel is that the Government must immediately cease promoting misleading literature, both published by itself and others; and, second, must devote more of its resources to disseminating information. And perhaps in this era of limited resources, that means we have to spend less on research and more on publishing what previous research has already uncovered.

Unfortunately, I am going to have to bring this to a close. I have a Congresswoman waiting in my office to see me with a 1 o'clock appointment, and I am already rudely holding her up. So, I am going to have to bring this to a close. I apologize that we did not have as much time as we might have liked.

Thank you all very much. I know that you feel what you have said very deeply, and that has come through, I can assure you.

At this point, I order printed all statements of those who could not attend and other pertinent materials submitted for the record. The record will remain open for 15 days for the submission of additional material, including information requested by the subcommittee during this morning's hearing.

[The additional information referred to follows:]





# COLORADO DEPARTMENT OF HEALTH

Richard D. Lamm  
Governor

Frank A. Traylor, M.D.  
Executive Director

March 8, 1982

The Honorable Gordon J. Humphrey  
United States Senator  
6205 Dirksen Senate Office Building  
Washington, D.C. 20510

RECEIVED  
SENATOR GORDON J. HUMPHREY  
1982 MAR 12 PM 4:28

Dear Senator Humphrey:

The Senate Subcommittee on Alcoholism and Drug Abuse held a hearing on February 27, 1982, to explore the area of prevention programming. As you are the Chairman of that committee, we are respectfully requesting that this letter be included in the Congressional Record of that February 27 hearing.

Colorado's Single State Agency for alcohol and drug abuse has been active in the prevention area since 1977. Utilizing federal dollars channeled through the division, we currently have developed and/or fund a variety of prevention activities. These include:

- A project to introduce Affective Development to Colorado's 181 school districts. This project introduces these prevention/education activities to the schools and then provides technical assistance to implement the activities.
- A project to introduce Health Education Curriculum to Colorado's school districts, to train educators to implement the curriculum in the classroom, and to provide ongoing technical assistance. This curriculum known as the Berkeley-Seattle Model is K-8 and draws special notice to the ill effects of alcohol, tobacco, and other drugs upon the body.
- Three projects are funded to identify potential troubled youth and provide through a youth-volunteer adult partnership alternatives to negative behavior. Information, education, and a healthy modeling are provided.
- One project is funded to identify High Risk youth in a boom town setting. Research indicates that rapid growth places much stress on communities and individuals, and stress is a direct correlate to drug abuse. The youth are provided alternatives and positive outlets such as wilderness experiences or by learning rural modes of recreation for the recent arrivals.

- One project is active in working in the inner city of Denver with low income Hispanics. This project identifies children of alcohol/drug users and provides education, support groups, and positive recreation outlets.
- Colorado also currently has nine Channel One projects. The Channel One concept effectively involves many sectors of a community, especially youth and the private business sector, to jointly plan activities to develop a healthier community environment to 1) provide young people with alternatives to negative behavior; and 2) encourage the community to take ownership for problems and solutions.

It is our estimate that approximately 25,000 people are impacted each year through Colorado's publicly funded prevention efforts.

Attached please find a copy of the letter sent to you on February 16, 1982, regarding these same issues. Please note the importance of the Federal funding and technical involvement role in these prevention projects. It is vitally important to maintain the forward momentum and positive accomplishments of this state-federal partnership to create the above projects.

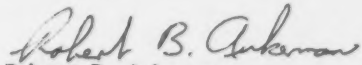
In addition to the funding, monitoring, provision of technical assistance and evaluations needed for the above mentioned projects, our division is involved in other prevention activities. The division has formed a number of statewide constituency groups. One example is that in cooperation with parent organizations, a group called CoPAC (Colorado Parents' Advisory Council) was found. Jointly the division and CoPAC planned and implemented several statewide activities. These included a media luncheon which featured the author of Parents, Peers, and Pot, and a series of regional parent motivational workshops lead by Dr. Stephen Glenn. The division provided funding for both the media luncheon and the regional workshops. As a result of these efforts, several new communities are now active in the parents movement.

Cooperative activities with CoPAC will continue. We are jointly planning school policy development workshops and activities for local parent groups which would strengthen their organization. We also have planned a conference for parents of Headstart youth. Indeed, as a public agency we attempt to include all sectors of the state in the division's activities. Mrs. Sherry Sargent of Littleton, Colorado, is chairperson of CoPAC.

In addition to CoPAC, we work closely with other special needs groups. As Colorado has a large Hispanic population, a group called the Raza Task Force serves as an advisory body to the division of Alcohol and Drug Abuse. An annual event, usually a workshop for Hispanics counselors, has taken place for several years. This again is a joint activities.

The division also is involved with other special needs such as women, rural areas, energy impact and others. It is our role as public servants to listen and work with all special needs groups and to use their input to place resources in the high need, high risk, low resource areas. We hope this information is helpful to your subcommittee. If clarification or elaboration is needed, please call Robert Aukerman, director, or Fred Garcia, prevention coordinator at 303/329-6137.

Sincerely,



Robert B. Aukerman  
Director  
Alcohol & Drug Abuse Division



Fred Garcia  
State Prevention Coordinator  
Alcohol & Drug Abuse Division



# COLORADO DEPARTMENT OF HEALTH

Richard D. Lamm  
Governor

Frank A. Traylor, M.D.  
Executive Director

February 16, 1982

The Honorable Gordon J. Humphrey  
United States Senator  
6205 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Senator Humphrey:

Thank you for your letter of January 7, requesting our perspective and thoughts regarding prevention programming in the alcohol and drug field. As the State Prevention Coordinator for Colorado, I do indeed deal with prevention programs and activities on a daily basis and am pleased to share the following with your sub-committee.

- For Colorado, the State Prevention Coordinator Grant program through the National Institute on Drug Abuse has been quite successful in establishing the prevention field for our state. Through the SPC grant, the Division of Alcohol and Drug Abuse has enlarged its scope of services to include prevention and early intervention as viable and necessary components of the field. Through the SPC, we have networked with the Youth Services Division, and the State Department of Education to share resources in order to better provide a prevention service for Colorado. Limited state and federal resources have been shared to create a broader impact.

It is vitally important to maintain the forward movement which has been initiated through the SPCG. A major thrust of this momentum has been the "partnership" that the SPCG has created between the Federal government and the State. The withdrawal of NIDA from the SPCG is severely jeopardizing the momentum because most states, including Colorado, have not picked up funding responsibility for prevention and will not with future anticipated cuts in the block. Drug and alcohol abuse - treatment or prevention - are low on state priority lists and fall behind roads, sewers, welfare, etc.

- The Federal role in policy development specific to alcohol and drug abuse prevention with input from states and professionals in the field should continue. Along with this, federal funding for prevention should continue and to enhance the shared responsibility "partnership" prevention funds should be jointly determined.

It is important for the continued development of prevention for the alcohol and drug field to receive effective and appropriate technical assistance and consultation. In the past few years the Center for Multicultural Awareness and Pyramid (NIDA contractors) have proven to be invaluable to the national development of prevention and should continue.

The Federal role in developing, again with state input, and brokering information and educational materials should continue. The NIDA and NIAAA Clearinghouses are greatly used, especially by parent groups, and would be severely missed as a resource.

- It is our concern that in times of greater social responsibility there remain several underserved populations, i.e., ethnics of color and the elderly. In these times of fewer social program dollars, these populations will be at higher risk of probability for dysfunctional lifestyle and will be an unserved population. It is incumbent on the federal government to take a leadership role to work with the states to provide drug abuse prevention services to high risk populations.
- Regarding effective programming in prevention, Colorado has had much success with the Channel One concept and alternatives projects. Channel One is a process that involves a local community, including the business sector, in developing a plan of action to involve youth in community improvement projects. The shared "ownership" created by Channel One brings community to creatively assess its drug abuse situation and jointly design activities to create a healthier community. Alternatives are those projects which provide youth with alternate activities to negative behaviors. These projects focus on high risk youth and provide activities such as Upward Bound, recreation, youth employments, or creative development, such as street theatre.

Currently Colorado has nine Channel One projects and four alternate projects. Other areas that Colorado needs to further develop for effective programming include student assistance programs and specific projects for the children of substance abusers. Other states have had success with these projects.

- Regarding private sector involvement in prevention planning and programming, there are three areas that Colorado is working with or looking into. First, as mentioned above Channel One involves business in planning, assessing, and monitoring prevention projects. Their management expertise is called upon for Channel One and as a result the business sector can develop a new perspective on its role in community health. Second, we have looked into working with unions to include health enhancement for members and their families as a negotiable



item in their benefit package. We plan to involve management shortly in the discussions of drug abuse prevention activities on the work site. The third area being looked into is working with the Liquor Industry in an education and training project. This project proposes to train bartenders and other liquor outlets on the need not to serve liquor to intoxicated individuals and how to refuse service. The benefits include better trained servers and more industry involvement in the prevention of alcohol abuse.

I hope the above information will be useful for you and the Senate subcommittee. If I can clarify anything in this letter or if more information is needed, please call me at 303/320-6137. Ext. 387. During the dates of your hearings I will be in Washington D.C., at the Shoreham Hotel and can be reached there if you or your staff have any questions.

Sincerely,



Fred Garcia  
State Prevention Coordinator  
Alcohol and Drug Abuse Division

cc: Robert B. Aukerman, Director  
Alcohol and Drug Abuse Division

## PREPARED STATEMENT OF GLEN WIERINGA

The Honorable Senator Gordon Humphrey:

The following testimony is being submitted as part of the record for the Senate Subcommittee on Alcoholism and Drug Abuse which you chair. (I have also submitted written testimony prior to the February 24 hearing in my formal role as State Drug Abuse Prevention Coordinator for Ohio.)

I am writing today as a concerned parent who is very concerned about the youth of our country. My remarks will be "drug abuse specific" as well as generic in nature.

Due to the massive changes that have taken place in our culture since the early 1900's, I, as a parent, am very aware of the difficulties inherent in child-rearing today. Drug abuse, alcoholism, violent juvenile crime, low academic achievement, and teenage suicide are just a few of the numerous problems our young people are confronting. Rather than approaching each of these problems as unique, it is helpful to look for "common ground" in each of these negative problems.

Parents no longer can assume that if we feed and clothe kids, they'll turn out ok. In the past, children were needed; what they were learning were part of the older people's experience. Judgement, responsibility, values, and discipline were acquired by "on the job training" with older, adult role-models. Such is no longer the case. As a parent in today's society, I must consciously build in to our family's daily interaction patterns, experiences that will intentionally develop my child's

capabilities. I cannot wait for these coping skills to just happen because these skills are acquired through practice similar to learning to ride a two-wheeler bicycle.

While I am not a member of an organized "parent movement," I have literally talked with hundreds of concerned parents about drug abuse in the last few years. These parents are scared, scared to death, that there is very little they can do to keep their kids drug-free. I know this is not true. One of the positive things that the "parents movement" has accomplished in the last two years is an awareness that parents can make a difference. On the negative side, however, is an over emphasis on control/punishment approaches (i.e. ridding the community of pot paraphernalia). Ridding the community of pot paraphernalia is an overly simplistic solution to a very complex problem.

I, as a parent, realize that as my child matures that a control/punishment philosophy must be replaced by a discipline philosophy. Unlike punishment, a discipline philosophy helps develop an internal locus of control and options are kept open so my child can choose to improve behavior. A "discipline philosophy" is based on logical and natural consequences that a parent has the insight and experience to structure. Most importantly, this approach maintains involvement with the child over time. Parents who are looking for quick, easy answers to strengthening their child's ability to "say no" will be sadly disappointed if they adhere to a "punishment philosophy."

In conclusion, the most important place for parent power in impacting our children and youth is in the family (and secondly our schools). I urge you to make sure that our prevention efforts are directed to building capable families and youth. Only by building a sense of self-discipline in our own kids will we be able to breathe a guarded sigh-of-relief when they leave the nest at eighteen. Punishment may achieve temporary coercion but it will not produce a capable child or adult.

Senator HUMPHREY. This hearing is now concluded.  
[Whereupon, at 1:10 p.m., the subcommittee was adjourned].

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